

PROFESSIONAL PRACTICE
HEALTH INSURANCE CERTIFICATION

I understand that I must maintain adequate health/accident insurance coverage in force during the entire period of participation in Professional Practice (Cooperative Education/Internships).

Coverage must be either privately procured or obtained through the University's Student Health Insurance plan. You will be automatically enrolled in the Student Health Insurance plan if you are registered for the University's requirement for a minimum number of registered credit hours.

If you will not have ISU's insurance, you should review your other policy's coverage to determine its adequacy. CHECK THE ONE OR ONES THAT APPLY:

___ I will be covered for the entire period of my participation by ISU student insurance because I have (check one):

___ (1) enrolled for sufficient credit hours to be assessed the student health insurance fee, or

___ (2) paid the fee directly to the Student Insurance Office.

___ I am not covered by ISU student insurance and have verified that my privately secured policy will cover my entire period of Professional Practice participation.

___ I have both ISU's student group plan and another policy that will cover my entire period of Professional Practice participation.

Signature: _____ Date: _____

Note: This signed certification should be retained by the Internship Coordinator for 1 year.