



# Cleveland State University

College of Education and Human Services  
*Counseling, Administration, Supervision and Adult Learning*

## Practicum and Internship Liability Insurance Verification

Student's Name: \_\_\_\_\_

Degree Program: Clinical Mental Health \_\_\_\_\_ School Counseling \_\_\_\_\_

Name of Site: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

*I hereby certify that I have obtained Professional Liability Insurance throughout one of the two methods below:*

\_\_\_\_\_ *American Counseling Association or American School Counseling Association*

*OR*

\_\_\_\_\_ *Homeowner's Insurance*

*Attached is a copy of the face sheet verification of coverage.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date