

**COUNSELOR EDUCATION PROGRAM  
STUDENT VERIFICATION OF PROFESSIONAL LIABILITY INSURANCE**

As part of my professional training in ASU Counselor Education Program, I understand that I will participate in field experiences in a school system or facility, beyond the university campus. I am further aware of the policy established by the program requiring that students provide evidence of holding liability insurance prior to their participation in field experiences. I am also aware that I may not begin to accrue field work hours until I show proof of liability insurance.

I, \_\_\_\_\_  
(Full name printed)

ASU RAM ID # \_\_\_\_\_ verify

that I have professional liability insurance currently in effect with \_\_\_\_\_  
(Name of Insurance Company)

Dates period of insurance coverage, (e.g. from 1/14 to 12/14) \_\_\_\_\_

Furthermore, having attested to liability insurance coverage as described above, I assume full responsibility for my own professional liability during field experiences, practicum, and internship, and hereby relieve all parties of any responsibility.

\_\_\_\_\_  
(Signature of Counselor Candidate)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Site Supervisor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Faculty Supervisor)

\_\_\_\_\_  
(Date)

**Note: Verification is required. Attach a copy of your policy to this application  
Membership IDs will NOT suffice a copy of the policy detailing the coverage is  
Needed,**