



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