

This form should be completed and turned in to the
Office of Medical Education at Stony Brook.
Do not send this form to your elective site.

Affiliate Agreement / Liability Insurance Activation

Students need to complete this form if a requested elective site does not already have an Affiliate Agreement in place which activates liability insurance for the student while rotating at that site. If you are unsure about the status of the requested site, check online at the [Office of Medical Education Website](#). If the site you are going to is on the list, you do not need to use this form.

Please note: Students are **required** to be covered by Liability Insurance while rotating at away sites. In order to activate Liability Insurance at a site, an Affiliate Agreement must be put in place. Students who attend sites that already have an Agreement in place are covered at that site. The request for an Affiliate Agreement to activate Liability Insurance must be submitted a **minimum** of four months prior to the start date of the requested elective. Students are urged to setup a "backup" elective at Stony Brook or another site where there is already an Affiliate Agreement in place for this time period. In the event that it is not possible to complete the agreement with the away site prior to **one month** before the start date of the elective requested, this elective **must** be cancelled, and the backup elective attended.

(Please do not confuse Student Health Insurance with Liability Insurance. Students are responsible for providing proof of their own health insurance and should see Mary Jean Allen in the Student Affairs Office to request this information. Students make their requests for an Affiliate Agreement through Dr. London in the Office of Medical Education.)

It is the student's responsibility to keep in touch with the OME regularly regarding the status of this agreement.

PLEASE COMPLETE THE FOLLOWING:

Student Name _____

Date of Request: _____

Student's Daytime Phone Number between now and when this elective begins _____

The Name of the person at site who coordinates visiting student electives:

(Circle one) Dr. Ms. Mrs. Mr.

Official Mailing Address of Requested Site: (Please Print, NOT Departmental Address)

Site Area Code and Phone Number: _____

Site Area Code and Fax Number: _____

Department in which the elective is offered _____

Name of Elective _____

Start Date of Elective _____ End Date of Elective _____

Completed agreements are listed and updated regularly at the Website:

<http://www.uhmc.sunysb.edu/som/academics/affiliations.html>