FLORIDA STATE UNIVERSITY | *The* COLLEGE *of* EDUCATION
Office of Academic Services and Intern Support

FIELD EXPERIENCE and STUDENT TEACHING
INSURANCE VERIFICATION FORM

Name: _____

EMPLID: _____

Medical Insurance (as current FSU policy states)

Medical Insurance Provider: _____

Policy Number: _____

Professional Liability Insurance

Liability Insurance Provider: _____

Policy Number: _____

Expiration Date: _____

Signature: _____

Date: _____

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