

**Florida Atlantic University College of Medicine Self-Insurance Program  
Community Service Activity Approval  
for Employees and Faculty**

The Florida Atlantic University College of Medicine Self-Insurance Program ("FAUCOMSIP") provides professional liability protection in the amount of \$250,000 per occurrence for pre-approved community service activities.

**Approvals required:**

COM Personnel:

Department Chair, College of Medicine  
Dean, College of Medicine  
FAUCOMSIP Council Chair  
FAUCOMSIP Director

CON Personnel:

Dean, College of Nursing  
FAUCOMSIP Council Chair  
FAUCOMSIP Director

SHS Personnel:

Director, Student  
Health Services  
FAUCOMSIP Council Chair  
FAUCOMSIP Director

CPS Personnel:

Director, Counseling and Psychological Services  
FAUCOMSIP Council Chair  
FAUCOMSIP Director

COE School Nurses:

Dean, College of Education  
FAUCOMSIP Council Chair  
FAUCOMSIP Director

Date of Request: \_\_\_\_\_

Requester: \_\_\_\_\_

Department: \_\_\_\_\_

Point of Contact: \_\_\_\_\_  
(Name, title, phone and/or email address)

**I. Entity Supported**

Name: \_\_\_\_\_

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

**II. Proposed date(s):** \_\_\_\_\_

Location of Activity: \_\_\_\_\_  
\_\_\_\_\_

**III. Description of activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL AUTHORITY**

Approved - Department Chair, College of Medicine (if applicable) \_\_\_\_\_ Date

Approved - Dean \_\_\_\_\_ Date

Approved - FAUCOMSIP Council Chair \_\_\_\_\_ Date

Approved - Director, FAUCOMSIP \_\_\_\_\_ Date

Questions or forms pending only the SIP Directors signature should be directed to FAUCOMSIP, ATTN: Insurance Services, ph. 352-273-7006, Fax 352-273-5424, Email: fauisosip@mail.ufl.edu