



Advisor Verification

This form is to be completed for students who are enrolled in a course for credit requiring the completion of an internship to satisfy the course objectives.

By signing below, the advisor/instructor acknowledges that he/she has informed the student that he/she must pass a medical examination acceptable to Mount Nittany and comply with Mount Nittany Medical Center's Health Policy prior to the commencement of the internship. The advisor/instructor further acknowledges that the student identified below has satisfactorily completed the required academic preparation for this phase of his or her education and is able to function effectively in a supervised internship. Students who have failed classroom theory courses shall NOT be placed with Mount Nittany Health for education purposes.

If the student is participating in a clinical educational program (as identified by the Educational Affiliation Agreement), the advisor/instructor acknowledges advising the student of the requirement to obtain and maintain his or her own professional liability insurance coverage in amounts acceptable to Mount Nittany Health: Acceptable amounts are minimum limits of one million dollars per individual claim and three million dollars annual aggregate if available.

Student Name:

School:

Advisor/Instructor's Name :

Advisor/Instructor's Signature:

Date: