

Faculty Volunteer Activity

PLI Enrollment Instructions

1. At a minimum, the following procedures must be followed to be afforded legal defense counsel related to volunteer activity.
2. Applications will not be processed until all requested information is provided.
3. A signed copy of the Department Chair or Dean (as appropriate) approval letter must be attached.
4. Volunteer Activity does not appear to be a conflict with UT's mission or physician's current UT duties and this activity does not appear to present an unreasonable time requirement. *(If the volunteer activity is during usual duty time or imposes a significant time requirement, the physician must have appropriate leave to cover the volunteer activity.)*
5. Volunteer will accept no compensation for services and will utilize no UT resources in performing volunteer services. The activity is not a volunteer activity if any compensation for services is accepted and is then subject to the MSRDP (DSRDP, if applicable) and Bylaws and the approval is immediately revoked.
6. Coverage is valid for the approved dates for the volunteer activity, up to a maximum three-year period.
7. Complete applications should be sent via e-mail attachment with subject line to include applicant name "*(name)* Volunteer Activity Coverage Notification" to aevans@utsystem.edu with cc to ksmith@utsystem.edu
8. For any other questions contact Allene Evans at aevans@utsystem.edu or 512-499-4630.

Note: A database is being developed that will replace this procedure in the future.

Faculty Volunteer Activity PLI Enrollment Notification Form

Applicant Information

Name: _____, _____
Last name *First Name* *Middle*

Institution: _____ **PLID** _____

License # _____ **Expiration Date** _____

Applicant Status: ___ Faculty ___ Faculty Fellow

Department/Program Specialty (i.e., division if applicable):

_____ / _____

Facility Information (*location of volunteer activity*)

Facility Name: _____

City: _____

County: _____ **State:** _____

_____ Beginning Date _____ Ending Date

___ Department Chair or Dean Approval (*must be attached*)

UT System use only:

Risk Class _____ Mnthly Prem _____ Lmt Factor _____ Terr/Grp /Relat _____ / _____ / _____ Due S _____