Medical Student 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 must be supervised by faculty.

5. 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

6. 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.
Medical Student Volunteer Activity
PLI Enrollment Notification Form

Applicant Information

Name: ____________________________, ____________________________
        Last name                                      First Name                                      Middle

Institution: ____________________________

Institution Unique Student ID# ____________________________

Applicant Status: ___ Yr. in Medical School

Faculty Supervisor: ____________________________

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 $ __________________