



RUSH Certificate of Insurance Request / (312) 942-7828

Request for Certificate of Insurance

Last Name, First Name

Phone Number

E-Mail

Department

Current Job Title

Dates of Employment/Residency

Current Employment Status

Employee
Faculty
Physician

Advanced Practice Provider
Student
Other _____

Is your request made related to an ongoing program between a Rush entity and another institution? (Please select "Yes or No" from the drop down)

Is a contract or agreement in place with this other institution? If Yes, please provide a copy of the contract with this form

Has your Department Chair approved of your participation in the program for which you are issuing this request?

Who is your Department Chair?

Please provide additional comments and reason for the certificate of insurance in the adjacent box

(note: If the request is for a resident to do an elective/rotation, please include the time frame of the elective/rotation)

Please provide addressee information, (full facility name/institution, full address, and fax number)

Employee Signature:

Date:

*****Please allow up to ten (10) business days to receive a completed certificate of Insurance*****