

School Psychology Internship I & II

Student Letter of Agreement

Date: May 7, 2025

Intern Name: Alicia Clark

I intend to complete my 1200 hour school psychology Internship during the following terms:

Fall 2025 (August 2025 - December 2025) / Spring 2026 (January 2026 - May 2026)

Assigned school sites (name of school and address):

Tiffin Middle School

103 Shepherd Drive, Tiffin, OH 44883

Columbian High School

300 S. Monroe Street, Tiffin, OH 44883

Site Supervisor's Name: Molly Armstrong

Site Supervisor's Contact Info (Email and Phone): molly\_armstrong@tiffincityschools.org

(signatures are required for university credit)

Alicia Clark 5/7/25

Student's Signature

M. Armstrong

Site Supervisor Signature

LB

6/11/2025

University Supervisor Signature



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP  
Certificate of Insurance



Print Date : 1/15/2025

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD	
018098	970	HPG	0819823996	From: 01/15/25 at 01:03 PM ET to 01/15/26 at 12:01 AM Std Time	
<b>Named Insured and Address:</b>			<b>Program Administered by:</b>		<b>Insurance Provided by:</b>
Alicia Clark			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-800-982-9491   www.hpsso.com		American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
<b>Medical Specialty:</b>					<b>Code:</b>
Psychologist/Psychotherapist					80723
Psychologist, School Student					80723

**Professional Liability ("PL"):** ☒ **Occurrence** ☐ **Claims Made and Reported**

Limits of Liability

\$1,000,000 each claim / \$5,000,000 aggregate

PL Limits of Liability above include the following:

\*Healthcare Providers Services Liability \*Placement Services Liability \*Formal Review Board Activities Liability \*Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (included within PL Limits of Liability shown above)

\$25,000 aggregate

Defense Costs (included within PL Limits of Liability shown above)

\$100,000 aggregate

**PL Supplementary Benefits**

Licensure Defense Expenses

Up to \$200 per hour / \$25,000 aggregate

Licensure Proceeding Supplemental Costs

\$500 each insured / \$500 aggregate

Subpoena Assistance Costs

\$10,000 each subpoena / \$10,000 aggregate

Assault (includes workplace violence counseling)

\$25,000 each assault incident / \$25,000 aggregate

Patient First Aid Medical Expenses

\$10,000 aggregate

Services to Animals Property Damage

\$10,000 aggregate

Media Expense

\$25,000 aggregate

Information Privacy (HIPAA) Fines & Penalties

\$25,000 aggregate

**Workplace Liability: Occurrence**

Workplace Liability Aggregate Limit of Liability

\$1,000,000 aggregate

(included within PL Aggregate Limit of Liability, above)

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(included within Workplace Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(included within Workplace Aggregate, above)

Fire and Water Sublimit of Liability

\$150,000 aggregate

(included within Bodily Injury and Property Damage each occurrence Limit, above)

Residential Personal Liability

\$1,000,000 aggregate

(in addition to the Workplace Aggregate, above)

**Workplace Liability Supplementary Benefit**

Non-Patient Medical Expenses

\$25,000 each person

**PL and GL/WPL (as applicable) Supplementary Benefit:**

Proceeding Expense Reimbursement

\$1,000 each insured per day / \$25,000 each insured per proceeding

Total \$525.00

Base Premium \$525.00

Premium reflects Employed, Full Time

Policy Forms and Endorsements (Please see attached list)

Medical Speciality is amended to include Consulting Services (CNA101460)

Dino Robusto, Chairman of the Board

Stathy Darcy, Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA101440 (07-23)



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP  
Certificate of Insurance



Your professional liability insurance contains insuring agreements that may be written on an occurrence or a claims made and reported basis. With respect to any claims made and reported coverage such coverage applies only to claims first made against the insureds and reported to the Insurer during the policy period or any applicable extended reporting period in accordance with the provisions of this policy. Please discuss with your Program Administrator.

**DEFENSE WITHIN LIMITS: WHERE DEFENSE WITHIN LIMITS IS INDICATED BELOW OR BY ENDORSEMENT, THE AMOUNT OF MONEY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS AGAINST YOU UNDER SUCH SPECIFIED COVERAGE PART WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.**

The **application** for the policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the policy as if physically attached.

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

FORM #	FORM DESCRIPTION
CNA101429 (07-23)	General Terms and Conditions
CNA101432 (07-23)	Healthcare Providers Professional Liability Coverage Part (Occurrence)
CNA101436 (07-23)	Workplace Liability Coverage Part
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758OH (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA101458 (07-23)	HIPAA Proceedings Supplementary Benefits Endorsement
CNA101553 (07-23)	Table of Contents - General Terms and Conditions
CNA101557 (07-23)	Table of Contents- Coverage Part Occurrence Form
CNA101563 (07-23)	Table of Contents - Workplace
CNA101577 (07-23)	Biometric Privacy Exclusion Endorsement
CNA101512OH (07-23)	Cancellation & Nonrenewal Amendatory Endorsement
CNA101443 (07-23)	Media Event Expenses Supplementary Benefits Endorsement
CNA101450 (07-23)	Entity, Employees or Independent Contractor Exclusion Endorsement
CNA101460 (07-23)	Consulting Services Liability Coverage Endorsement
CNA101463 (07-23)	Personal Liability Coverage Endorsement