

SCHOOL OF PSYCHOLOGY & COUNSELING**LIABILITY INSURANCE POLICY**

It is the policy of the Doctoral Program in Counselor Education and Supervision (DPCES) and the Masters in Counseling (CMHC, MCF, and School Counseling) Programs to require current students to obtain malpractice (liability) insurance, and maintain said policy at all times while enrolled in the school.

Proof of liability insurance coverage must be submitted to the Field Placement Liaison by the first week of class of the student's first semester and at each policy renewal period. Students are required to maintain this insurance in accordance with the minimum coverage limits as set by the state or locality in which the student resides, i.e., the current Virginia coverage limits are \$2.50 million per incident/\$5 million aggregate. (Note: the liability limits in Virginia increase on July 1st of each year, please click [here](#) for where this is indicated in the Code of Virginia.)

Students are encouraged to consider various insurance programs. Generally, premiums range from \$25-\$50 per year of coverage, and membership to a premier counseling/psychology organization may be required. Just for comparison, a low premium for a licensed professional with the same amount of coverage would exceed several hundred dollars.

To help students get started, listed below are some carriers that have been used by previous students. You are welcome to obtain insurance from a company not listed here. ***Please note that not all of these companies will issue a policy with the limits that are required for students who reside in Virginia.***

Be sure to keep a copy of your insurance policy for yourself as you will need it often.

- American Counseling Association
www.counseling.org
800-347-6647
A liability insurance policy is a benefit of ACA membership for master's counseling students. Student members receive liability insurance through the Healthcare Providers Service Organization (HPSO). Note for students who live in Virginia: the policy will cap the aggregate amount of coverage at \$4 million. The current yearly membership fee for students is \$105.00.

- American Association of Christian Counselors
<http://www.aacc.net/>
800-526-8673
A liability insurance policy is a benefit of AACC membership for master's counseling students. Student members receive liability insurance through the Healthcare Providers Service Organization (HPSO). The current yearly membership fee is \$74.00.
NOTE: AACC may issue you a generic policy that does not list you as being covered. This is not acceptable, please ask them for a document that also lists your name and address, membership number, and expiration date. They WILL issue this.

- American Mental Health Counselor’s Association
<http://www.amhca.org/>
 800-326-2642
A liability insurance policy is a benefit of AMHCA membership for master’s and doctoral counseling students.
 Student members receive liability insurance through CPH & Associates. The current yearly membership fee is \$84.00.
- Lockton Risk Services, Inc.
<https://professionalliabilityinsurance.info/>
 800-253-5486
 Annual insurance costs vary depending on the coverage limits required.
- CPH & Associates
 800-875-1911
<https://www.cphins.com/>
 Annual insurance costs vary depending on the coverage limits required. **Note: may not issue a policy that meets the minimum liability limits required for students who reside in Virginia.**
- American Professional Agency
<https://www.americanprofessional.com/>
 800-421-6694
 Annual insurance costs vary depending on the coverage limits required. **Note: may not issue a policy that meets the minimum liability limits required for students who reside in Virginia.**
- The Trust
<https://www.trustinsurance.com/Products-Services/Student-Liability>
 800-477-1200
 Annual insurance costs vary depending on the coverage limits required.

Once proof of coverage is obtained, a copy MUST be submitted to the Field Placement Liaison. This can be sent via fax, e-mail, regular mail, or submitted in person at CRB 232A.

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- ❖ **The insurance document will include all coverage items – your name, address, the company name & address, the amount of coverage, start and end date of coverage, and a policy number. Application and payment receipt printouts/copies are not acceptable; it must be a copy of the actual policy.**
- ❖ **All guidelines are subject to change. Students will be notified in the event of any change in these guidelines.**