This insurance covers expenses related to civil suits brought against education students for acts or omissions that occur during any type of field experience. Although no amount of vigilance or professionalism can prevent some accidents, lawsuits that incur expenses can be brought against a person, even if it is groundless.

Students are required to provide proof of tort liability coverage at the beginning of each term of a field experience. If your coverage expires prior to you actually beginning the experience or during the experience; you will be required to submit proof again. That proof can be a photocopy of your membership card or a copy of the membership letter addressed to you, or if you have private coverage a photocopy of documentation showing length and type of coverage. *All documentation must include your name and indicate the period of coverage. Do not submit originals, they will not be returned. This insurance may be obtained by one of several ways:

1. By joining the Georgia State University chapter of the Student Georgia Association of Educators.
   Georgia Association of Educators
   100 Crescent Centre Parkway Ste. 500
   Tucker, GA  30084
   (404) 289-5867
   $18.00 Expires August 31 of every year.
   Forms can be obtained on line at www.gae.org

2. By joining the Professional Association of Georgia Educators (PAGE).
   Professional Association of Georgia Educators
   P.O. Box 942270
   Atlanta, GA  31141-2270
   770-216-8555 or 1-800-334-6861
   $15.00 per year
   Expires one year from date of enrollment.
   Forms can also be obtained on line at www.pageinc.org

3. By joining any other professional organization that provides Tort Liability Insurance.

4. By private coverage.

Please complete the form below and return it with your Application for Entry to Teacher Education.

TORT LIABILITY FORM
(Please print)

By my signature on this form I assert that I have received the information regarding tort liability. I also recognize that it is my responsibility to have tort coverage for all field experiences.

NAME________________________________________STUDENT ID NUMBER______________________

FIELD OF CERTIFICATION______________________________________________________________

_______________________________________________  ________________________________
SIGNATURE                           DATE