



School of Nursing

Health Insurance Attestation Form

_____ I attest that I hold personal health insurance and that it is current and up to date.

_____ I attest that I have been informed that health insurance is required to attend clinicals and simulations for courses in the MTSU School of Nursing.

_____ I attest that I have been informed that I will need to provide a personal health insurance card to Castlebranch each year.

_____ **Print Name**

_____ **Signature**

_____ **Date**