**Return To: qualityhealthcaretraining1@gmail.com**

I understand:

1. To participate in any nursing course with a clinical component, I will carry personal health insurance.
2. By signing this verification, I am stating to the Practical Nursing Program and the clinical agencies that I have personal health insurance.
3. Falsification of this document will result in my being terminated from the Nursing Program.

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Student Signature Entering Semester