

# COLLEGE OF SOUTHERN NEVADA

## ACKNOWLEDGEMENT OF HEALTH INSURANCE

I have read the student policy regarding health insurance and acknowledge that health insurance coverage is solely my responsibility as a student of the \_\_\_\_\_ program at the College of Southern Nevada. I have provided proof of health insurance coverage to the program faculty. I further understand that should this verification be fraudulent or should I allow my coverage to lapse, I am solely responsible for all expenses incurred for all accidents or illnesses which may occur as a result of exposure to the clinical or laboratory environment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Program Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Program Faculty Name

*Copy to:* program director