

**Allied Health**  
COWLEY COUNTY COMMUNITY COLLEGE & A.V.T.S.  
WINFIELD, KANSAS

Complete this form and return to the Instructor. To enter the clinical training, you must have medical insurance.

Cowley County Community College & A.V.T.S.  
1406 East 8th  
Winfield, Kansas 67156

Name \_\_\_\_\_

Name of Medical Insurance Carrier

\_\_\_\_\_

I verify that I have medical insurance in effect and that it shall remain in effect during clinical training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date