

Application
Professional Liability Insurance for Health-Related Disciplines
Kentucky Community and Technical College System
Elizabethtown Community and Technical College

Name _____ Student ID#: _____

Home Address _____
(Street) (City) (County) (State)

College District/Campus: Elizabethtown Community and Technical College

Policy period will be one (1) semester: Fall _____ Spring _____ Summer _____.

List of Covered Programs (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Bio-Medical Equipment | <input type="checkbox"/> Office Systems Tech |
| <input type="checkbox"/> Clinical Lab Tech | <input type="checkbox"/> Medication Aide |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Nurse Aide |
| <input type="checkbox"/> Dental Hygiene/Dental Assisting | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Interdisciplinary Early Childhood Education | <input type="checkbox"/> Nursing/PN & RN |
| <input type="checkbox"/> EMT Paramedic | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Health Information Tech | <input type="checkbox"/> Pharmacy Technology |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Medical Administrative Services | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Medical Information Tech | <input type="checkbox"/> Surgical Technology |
| | <input type="checkbox"/> Teacher Education |

I agree to notify the Business Office in writing of any incident that may result in a claim.

Date _____ Signed _____
(Applicant)

Student premium is \$11.00 for one semester. (Prorating is not permitted)

To enroll, application must be completed, signed, dated and submitted to your College Business Office along with the premium.

Students must enroll in the professional liability insurance program prior to any clinical (patient care) activity.

(Items below line for College use only)

PAYMENT:

Cash _____	Amount Received _____
Check _____	Date Payment Received _____
Credit Card _____	By (Initial) _____