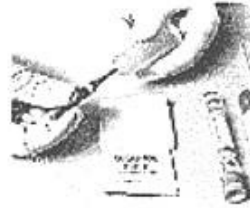




M A P T

MEDICAL ASSISTING & PHLEBOTOMY TRAINING



INSURANCE COVERAGE RELEASE FORM

All students participating in MAPT: Phlebotomy, Medical Assisting, and EKG Program must sign the insurance liability release form. The release form allows MAPT to review and receive copies of coverage of liability-insurance from the insurance carrier.

I _____ authorize the release of insurance information to
(Student name)

MAPT, participating facility or clinical coordinators for its sole purpose of clinical contract placement.

Please submit this with student's professional liability application to Marsh Affinity group insurance.

Social Security Number _____

Date _____ Student ID # _____ Address _____

To the Underwriter/Insurance Carrier

MAPT, PCT (Patient Care Tech) curriculum provides one certificate under a combined cross training in:
Medical Assisting, Phlebotomy, EKG, Laboratory Aide & Computer Medicine.

Please observe student type, under the 4-categories of study.

Please fax all copies to MAPT (508)-376-8777 c/o Gloria Artis, Program Coordinator

Copy on file/GA