

**Eastern Michigan University
Athletic Training Program
Health Insurance Verification**

Students applying to the Combined Athletic Training Program and Master of Athletic Training Program must provide the Athletic Training Program with proof of Health Insurance.

Student Name _____

Name of Insurance Provider _____

Please attach a copy of the insurance card (front and back).

I _____ certify that I do have personal health insurance.
I understand that if for any reason I lose health insurance I will notify the EMU Athletic Training Program Coordinator immediately.

Name of Student

Date