

Berrian Insurance Group

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Scholastic + Program

Supplemental Application- Medical Training Schools

Please complete this application and submit with the acord application for any medical training school being submitted.

Type of Facility: _____

Number of Students: _____

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1. Is Medical Malpractice Insurance in place? Yes No. If yes, carrier _____
 2. Is instruction given in blood taking? Yes No
 3. Is instruction given on the use of needles, or intravenous application? Yes No
 4. What is the length of the program? _____
 5. Is there any type of internship program? Yes No. If yes, please explain (be specific) _____

 6. Does the school offer job placement? Yes No
 7. Does the school offer job referrals? Yes No