



NORTHEASTERN
STATE UNIVERSITY

**STUDENT:
PLEASE FILL OUT THE FOLLOWING REQUEST AND
SUBMIT IT DIRECTLY TO YOUR
INSURANCE CARRIER**

**NOTE:
APPLICATION FOR POLICY HAS BEEN
SUBMITTED SEPARATELY
REQUEST FOR CERTIFICATE HOLDER/ENDORSEMENT**

I, _____ R.N. SSN# _____

(PRINT NAME)

currently hold a professional liability policy from _____

policy # _____

I hereby request that the following facility be named as a Certificate Holder and that a certificate holder form be faxed immediately to Northeastern State University @ (918) 444-5411.

Northeastern State University
Nursing Program
P. O. Box 549
Muskogee, OK 74402-0549

Signature: _____

Date: _____