## FOR Health Sciences Clinical MOA, please provide the following information:

- 1) Name of Program
- 2) Name and Address of ATC
- 3) Name of Clinical/Training Site
- 4) Address of Clinical/Training Site
- 5) Effective Date

**Email copy of completed form to:** 

Charlene.Baxter@education.ky.gov Subject: Health Sciences Clinical MOA - ATC Name