

HCI

HEALTH CAREER INSTITUTE



1926 10th Ave North
Suite #106 Classrooms
Suite #405 Administration Offices
Lake Worth, FL 33461
561-586-0121 Office
561-586-7616 Fax

Please Choose One:

- Diploma Emergency Medical Technician
Certificate Fire Science
AS Degree AS Fire Science Application Fee \$ 25.00
 AS EMS Application Fee \$ 25.00

1. NAME: _____
Last First Middle

2. LOCAL ADDRESS: _____
No. & Street City State Zip

3. HOME PHONE: _____ CELL PHONE: _____
Area Code Area Code

4. Social Security #: _____ Email: _____

5. DATE OF BIRTH: _____ 6. GENDER: Male Female
Month /Day /Year

7. EDUCATIONAL LEVEL COMPLETED

- ____ General Education Diploma
____ High School Diploma
____ HS Name & State _____
____ Some College
____ Two Year Degree
____ Bachelors Degree
____ Other

8. CITIZENSHIP

- ____ U.S Citizen
Permanent Resident Alien
____ M-Visa Student
____ Other
____ My Home Country is

9. ENROLLMENT STATUS

- ____ Readmission
____ New Student

10. STUDENT PROGRAM OBJECTIVE

- ____ Job- Related
____ Personal Enrichment

11. HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes/No

12. ARE YOU FIRE CERTIFIED? Yes / No EMT CERTIFIED? Yes / No
PARAMEDIC CERTIFIED? Yes / No

13. HAVE YOU EVER WORKED FOR EMS/FIRE SERVICE? Yes / No
If yes, In what capacity? _____

14. WHAT IS YOUR PRESENT EMPLOYMENT? _____

15. WHAT IS YOUR DATE OF HIRE? _____

16. HAVE YOU ATTENDED ANY OTHER COLLEGE/INSTITUTIONS THAT CREDITS COULD BE TRANSFERRED FROM _____

SIGNATURE _____ DATE _____

Tuition Sem. I	\$1125.00	Tuition Sem. II	\$1125.00	Tuition Sem. III	\$1125.00
Books:	\$ 300.00	Certifications	\$ 300.00	Certifications	\$ 300.00
Insurance/FDLE:	\$ 100.00	Lab/Clinical Fee	\$ 325.00	Lab/Clinical Fee	\$ 325.00
Polo Shirt:	\$ 35.00	Insurance:	\$ 50.00	Insurance	\$ 50.00
Lab/Clinical Fee:	\$ 240.00	Registration	\$ 50.00	Registration	\$ 50.00
Typhon Fee	\$ 75.00				
CPR	\$ 25.00	Total	\$1850.00	Total	\$1850.00
Registration	\$ 50.00				
Total	\$1950.00				

ASSOCIATE OF SCIENCE IN EMERGENCY MEDICAL SERVICES

Associate Degree in EMS.....	60 Credits	
Tuition	\$4500.00	Length of Program 2 years (24 months)
Other Fees	\$3500.00	General Education – textbooks not included
Total Fees	\$8000.00	Total may change at any time due to changes in fees Or textbook prices

Start Date: ___/___/___ Anticipated End Date: ___/___/___

ADMISSION REQUIREMENTS

- EMT- EMERGENCY MEDICAL TECHNICIAN PROGRAM**
1. 18 years of Age
 2. High School Diploma or G.E.D.
 3. Completed application and enrollment form.
 - 4 .A physical form signed by a physician.
 5. DL, Government photo ID, or Passport

- PARAMEDIC PROGRAM**
1. 18 years of Age
 2. High School Diploma or G.E.D.
 3. Completed application and enrollment form.
 - 4 .A physical form signed by a physician.
 5. Currently licensed as a Florida State EMT.
 6. DL, Government photo ID, Passport

METHODS AND TERMS OF PAYMENT

Payment may be made BY CASH, CHECK (made out to Health Career Institute or HCI) CREDIT CARD: VISA, MASTERCARD, or AMERICAN EXPRESS.
 Tuition and related fees are due in full at time of registration and acceptance of the enrollment agreement.

CANCELLATION, WITHDRAWAL, TERMINATION, AND REFUND POLICY

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule within 30 days of cancellation, withdrawal or termination.

Refund Policy for All Students

Health Career Institute will refund tuition monies paid by students in the following manner:

- Cancellations or withdrawals will be made in person or by certified mail.
- All monies will be refunded if the applicant is not accepted by the school or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
- Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund all monies paid.
- Cancellation or withdrawal after attendance has begun, but prior to 40% completion of the program, will result in a pro rata refund computed on the total number of hours completed to the total program hours.
- Cancellation or withdrawal after completing 40% of the program will result in no refund.
- The termination date for refund computation (prior to completing 40% of the program) will be one of the following:
 - The date of withdrawal
 - The date of a withdrawal signed by student
 - The date of withdrawal for unsatisfactory progress or the date of withdrawal for excessive absences.
- Refunds will be made within 30 days of termination date or receipt of cancellation or withdrawal notice.
- Books and/or all fees including Insurance, FDLE, Typon are not refundable. Tuition will be refunded as stated above.
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A student can be withdrawn, at the discretion of the Director and/or President, for unsatisfactory progress, non-payment of costs, or failure to comply with rules and regulations.

GROUND FOR CANCELLATION, TERMINATION, or WITHDRAWAL

I agree to comply with the rules and policies and understand that the School shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the School reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

Initial _____

GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a certificate of completion, diploma or degree I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass all written and practical examinations with a 70% for General Education, 75% for EMT and 80% for Paramedic. Complete all required externship hours if applicable to the program and satisfy all financial obligations to the School.

Initial _____

BACKGROUND CHECKS

It is the policy of Health Career Institute to require a background check for each prospective student entering an EMS program. This is because some clinical agencies/hospitals require students to undergo criminal background checks prior to placement in the agencies for clinical experiences. Background checks are usually mandatory at the time of employment when entering the EMS profession as well. For these reasons, Health Career Institute will make this policy known to all prospective students before acceptance into an EMS program.

Students whose drug screening and/or criminal background checks are deemed unsatisfactory may be denied access to clinical experiences by the clinical agencies. Failure to qualify for and meet clinical requirements at clinical sites may prevent completion of program. Withdrawal from the program may be necessary if students cannot be placed for clinical experience. The cost of the background check and drug screen is borne by the student. Students who are unable to complete the clinical requirements due to background checks after the acceptance into the EMS programs are not eligible for refunds.

If there is record of conviction of a crime, The Florida Department of Health Bureau of Emergency Medical Services (EMS), will determine an Emergency Medical Technician/Paramedic graduate's eligibility for certification when there is an arrest/conviction record. Students should contact the Bureau of EMS for information regarding state regulations.

I certify that I have been advised and understand the above background check information.

Printed Name

Date

Signature

MEDICAL EXAMINATION FORM

(INFORMATION CONTAINED HEREIN WILL BE HELD IN CONFIDENCE)

Program: EMT Paramedic

Social Security #: _____ Exam Date: _____

Name: _____ Date of Birth: _____
 [LAST] [FIRST] [MI]

Home Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Cell #: _____

All of the following information must be provided and/or completed by a health care provider (MD, DO, ARNP, or PA)

Medical History:

Allergies: _____

Current Medications: _____

Surgeries: _____

Major Illnesses: _____

Back/Orthopedic Problems: _____

History of any communicable or infectious disease(s) which may prevent or hinder this applicant's ability to become a member of the healthcare profession. NO YES (if yes, please explain)

Physical Examination: Height: _____ Weight: _____ Blood Pressure: _____ / _____
Pulse: _____

Positive Findings: _____

Immunizations:

MMR (date): _____

Tetanus Diphtheria/TD (date): _____ (must be within 10 years)

Hepatitis B Series: #1 _____ (date)

#2 _____ (date)

*Or signature on Hepatitis Declination Statement

#3 _____ (date)

Hepatitis B Titer: _____ (date) Hepatitis B Booster (if required): _____ (date)

Diagnostic Tests:

Date

Results

5 Panel Urine Drug Screen

Rubella Titer (or date
Of last immunization)

Varicella Titer (or date
Of last immunization)

PPD

*Chest X-Ray _____

*(Chest X-Ray is required as a follow-up for positive PPD results. After chest X-Ray has been completed, the individual must have regular physical examinations to monitor health status.)

Additional Comments/Recommendations: _____

To the best of my knowledge, this individual is in good physical and mental health.

Date: _____

Signature of Health Care Examiner

PRINT name of Health Care Examiner

Address

City/State/Zip

Telephone #

HEALTH CAREER INSTITUTE
1926 10TH AVE N SUITE 405
LAKE WORTH FL 33461
561 586 0121

AS EMS
STUDENT FILE CHECKLIST

Signed Student Application Yes _____ No _____

Signed Enrollment Application Yes _____ No _____

FL Drivers License/ID Yes _____ No _____

High School Diploma/ GED Yes _____ No _____

EMT License
Expiration Date _____ Yes _____ No _____

AHA/CPR
Expiration Date _____ Yes _____ No _____

FDLE Consent Form Yes _____ No _____

Medical Forms: Physical Yes _____ No _____
Shot Record Yes _____ No _____
5 Panel Drug Screen Yes _____ No _____

Medical Insurance: Not mandatory Yes _____ No _____

Paid by: Student: _____ **Date:** _____
Payment Plan _____ **WorkForce** _____ **ProjectTrans.** _____ **VA** _____

Books received: _____ **Shirt received:** _____ **Size:** _____

Notes: _____

File reviewed by: _____ **Date:** _____