

HCI

HEALTH CAREER INSTITUTE



STUDENT FILE CHECKLIST

All Students Need to Have the following:

Signed Student Application	Yes _____	No _____
Signed Enrollment Application	Yes _____	No _____
FL Drivers License/ID	Yes _____	No _____
High School Diploma/ GED	Yes _____	No _____

In addition to above:

EMS (EMT and Paramedic) Admission Requirements:

EMT License/ <u>PM ONLY</u> EMT Expiration Date _____	Yes _____	No _____
FDLE Consent Completed Form	Yes _____	No _____
Medical Forms: Physical	Yes _____	No _____
Shot Record	Yes _____	No _____
5 Panel Drug Screen	Yes _____	No _____
Medical Insurance: Not mandatory	Yes _____	No _____
CPR (AHA) BLS for Healthcare Provider	Yes _____	No _____
BLS Card Expiration Date: _____		

Administration Only

Paid by: **Student:** _____ **Date:** _____

Bright Future _____ WorkForce _____ ProjectTrans. _____ VA _____ FL PrePay _____

Books received: _____ Shirt received: _____ Size: _____

Notes: _____

File reviewed by: _____ Date: _____

HCI

HEALTH CAREER INSTITUTE



1764 N. Congress Avenue
West Palm Beach, FL 33409
561 586-0121 Office
561 471-4010 Fax

Please Choose One:

Diploma
Certificate
AS Degree

- Emergency Medical Technician
 Fire Science
 AS Fire Science **Application Fee \$ 75.00**
 AS EMS **Application Fee \$ 75.00**

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 _____



EMT Student Enrollment Agreement

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL. READ APPLICATION THOROUGHLY.

Name: _____

Address: _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: _____ DOB: _____ Gender: Male / Female

E-Mail Address: _____

Emergency Medical Technician (EMT-B).....12 Credits / 250 Clock Hours

Diploma Program Prerequisite for Paramedic \$ 85.00 per credit hour

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

Circle Days M - T - W - TH - F - Sat Specific class Time ___ to ___ (Specify AM, PM)

TUITION AND FEES

Tuition:	\$ 1020.00
Books:	165.00
Lab/Clinical Fee	150.00
Insurance/FDLE:	100.00
Typhon Group	100.00
Polo shirt:	40.00
Registration fee:	50.00
Total EMT fee	\$1,625.00

ADMISSION REQUIREMENTS

1. 18 years of Age
2. High School Diploma or G.E.D
3. Completed application and enrollment agreement
4. Current AHA BLS for Healthcare Provider
5. A current physical form signed by a physician.
6. Current 5 Panel Drug Screen
7. Drivers License, Government Issued Photo ID

METHODS AND TERMS OF PAYMENT

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

PROGRAM REFUND POLICY

CANCELLATION REFUND POLICY

Students may cancel enrollment in a program with in three (3) business days after signing the enrollment agreement.

Students wishing to cancel an enrollment must complete and sign a Withdrawal/Cancellation Form. This form is available at www.hci.edu or from Student Services.

Cancellations must be made in person or by certified mail to the Program Director.

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

- All monies will be refunded if the applicant is not accepted by the school or if the student cancels with in three (3) business days after signing the enrollment agreement and making payment..
- Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund all monies paid with the exception of the registration fee.
- Any textbooks and school polo shirts that were issued must be returned to the school unused to receive the refund for those items
- Refunds will be made within 30 days of receipt of the Withdrawal/Cancellation Form.

WITHDRAWAL REFUND POLICY

Students wishing to withdraw from a program must complete and sign a Withdrawal/Cancellation Form. This form is available at www.hci.edu or from Student Services.

Completed forms must be submitted in person or by certified mail to the Program Director.

If the student withdraws without written notice, termination of enrollment shall take effect the date the school determines that the student has withdrawn.

The school considers a student as Withdrawn when one of the following parameters is met:

- Students who do not return to the program from an approved leave of absence
- Students who fail to follow proper procedures for requesting a leave absence
- Students who do not receive approval for their leave

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

- Withdrawal after attendance has begun, but prior to 40% completion for that semester, will result in a pro rata refund based on tuition for that that semester. See chart below.
- Withdrawal after completing 40% of the semester will result in no refund.
- The Withdrawal date for refund computation (prior to completing 40% of the program) will be one of the following:
 - The date Withdrawal/Cancellation form signed by student.
 - The date of withdrawal for unsatisfactory progress.
 - The date of withdrawal for excessive absences.
- Refunds will be made within 30 days of receipt of the Withdrawal/Cancellation Form.

% in class	% Tuition Refund
20%	50%
21 % - 40%	25%
More then 40%	0%

A student can be dismissed, at the discretion of the Director and/or President, for unsatisfactory progress, non-payment of tuition and fees, or failure to comply with rules and regulations.



ASSOCIATE OF SCIENCE IN EMERGENCY MEDICAL SERVICE

Student Enrollment Agreement

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL. READ APPLICATION THOROUGHLY.

Name: _____

Address: _____

STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: _____ DOB: _____ Gender: Male / Female

E-Mail Address _____

All shadowed areas need to be filled in or circled.

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

Associate Degree in EMS.....\$ 85.00 per credit hour.....60 Credits

Tuition \$5100.00 Length of Program 2 years (24 months)
 Other Fees \$3500.00
 Total Fees \$8600.00

Paramedic45 Credits / 1102 Clock Hours

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

Circle Days: M - T - W - TH - F - Sat Specific class Time ___ to ___ (Specify AM, PM)

Tuition Sem. I \$1275.00
 Textbook: \$ 300.00
 Insurance/FDLE: \$ 100.00
 Polo Shirt: \$ 40.00
 Lab/Clinical Fee: \$ 275.00
 Typhon Fee \$ 100.00
 Simulation Lab \$ 50.00
 Registration \$ 50.00
Total \$ 2190.00

Tuition Sem. II \$ 1275.00
 ACLS, 12Lead \$ 300.00
 Lab/Clinical Fee \$ 350.00
 Insurance: \$ 50.00
 Registration \$ 50.00
 Simulation Lab \$ 50.00
Total \$2075.00

Tuition Sem III \$ 1275.00
 PALS, ITLS \$ 300.00
 Lab/Clinical Fee \$ 350.00
 Insurance \$ 50.00
 Registration \$ 50.00
 Simulation Lab \$ 50.00
Total \$2075.00

General Education Courses.....15 Credits / 225 Clock Hours

- ENC 1101 English Composition I
ENC 1102 English Composition II
MGF 1106 Liberal Arts Mathematics OR MTA 1030 Intermediate Algebra
PSY 2010 General Psychology
AMH 2010 History of the USA: A Survey to 1877
OR *Any course that meets college level transferability & program requirements.*

ADMISSION REQUIREMENTS

1. 18 years of Age
2. High School Diploma or G.E.D.
3. Completed application and enrollment agreement.
4. Current AHA BLS for Healthcare Provider
4. Current physical form signed by a physician.
5. Currently licensed as a Florida State EMT.
6. Current 5 Panel Drug Screen
7. Drivers License, Government Issued Photo ID

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CREDIT CARD: VISA, MASTERCARD, Discover or AMERICAN EXPRESS
Tuition and related fees are due in full at time of registration and acceptance of the enrollment agreement.

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- Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund of all monies paid with the exception of the registration fee (not to exceed \$150.00).
- Any textbooks and school polo shirts that were issued must be returned to the school unused to receive the refund for those items
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- Students who do not receive approval for their leave

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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 acceptance into the EMS programs are not eligible for refunds.

If there is a 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)

#3 _____ (date)

*Or signature on Hepatitis Declination Statement

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
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West Palm Beach, FL 33409