



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

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

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: \$ 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

Paramedic45 Credits / 1102 Clock Hours

Diploma Program \$ 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 Sem. I \$1275.00	Tuition Sem. II. \$ 1275.00	Tuition Sem. III \$1275.00
Textbook: \$ 300.00	ACLS, 12Lead \$ 300.00	PALS, ITLS \$ 300.00
Insurance/FDLE: \$ 100.00	Lab/Clinical Fee \$ 350.00	Lab/Clinical Fee \$ 350.00
Polo Shirt: \$ 40.00	Insurance: \$ 50.00	Insurance \$ 50.00
Lab/Clinical Fee: \$ 275.00	Registration \$ 50.00	Registration \$ 50.00
Typhon Fee \$ 100.00	Simulation Lab \$ 50.00	Simulation Lab \$ 50.00
Simulation Lab \$ 50.00	Total \$2075.00	Total \$2075.00
Registration \$ 50.00		
Total \$2190.00		

ASSOCIATE OF SCIENCE IN EMERGENCY MEDICAL SERVICES

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)
<u>Other Fees</u>	<u>\$3500.00</u>	
Total Fees	\$8600.00	

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 agreement.
- 4 .A current physical form signed by a physician.
5. Current 5 Panel Drug Screen
6. DL, Government issued photo ID, or Passport

PARAMEDIC PROGRAM

1. 18 years of Age
2. High School Diploma or G.E.D.
3. Completed application and enrollment agreement.
- 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

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.

PROGRAM 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:

- All monies will be refunded if the applicant is not accepted by the school.
 - Any student who withdraws prior to the end of the Drop/Add period is eligible for a full refund of refundable tuition and/or fees.
 - Any student who withdraws after the end of the Drop/Add period will not be eligible for any refund of tuition and/or fees.
 - Registration and Application fees are Non-Refundable.
 - The withdrawal date after the Drop/Add period will be one of the following:
 - The date of withdrawal by administration.
 - The date of a withdrawal/cancelation form signed by student.
 - The date of withdrawal for unsatisfactory progress or the date of withdrawal for excessive absences..
- Refunds will be made by check within 30 days of termination date or receipt of withdrawal/cancellation notice.

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.

