

# 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/ <b>PM ONLY</b> 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: \_\_\_\_\_