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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. 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 / 1112 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, PHTLS \$ 300.00
 Lab/Clinical Fee \$ 350.00
 Insurance \$ 50.00
 Registration \$ 50.00
 Simulation Lab \$ 50.00
 PM State Review \$ 150.00
Total \$ 2225.00

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

METHODS AND TERMS OF PAYMENT

Payment may be made by cash, checks made out to HCI. Credit cards accepted: VISA, American Express, and Discover.

Tuition and related fees are due in full at time of registration and acceptance of the enrollment agreement.

CANCELLATION/ WITHDRAWN REFUND POLICY

Health Career Institute offers a refund to the student who withdraws from the program, or to the sources from which the student’s prepaid fees came, accordingly to the schedule outlined below. This refund is based on tuition charged for the term. Any student wishing to withdraw should complete and sign a Withdrawal form. The Withdrawal form may be obtained at HCI’s registration desk or HCI’s website <http://hci.edu> .

The date of withdrawal will be determined as follows:

1. If the student voluntarily requests a withdrawal from the program, the date of withdrawal will be the date the student completes the withdrawal form or verbally requests to be withdrawn.
2. If the student is withdrawn by the college for absenteeism based on the attendance policy for the program enrolled, the withdrawal date will be the last date of attendance.
3. If the student is withdrawn by the college for failure to maintain required grades or passing rate, the date of withdrawal will be the date of the last failed exam or make-up exam.

The refund schedule is as follows:

1. All monies paid will be refunded if the applicant is not accepted by the school or if the student cancels within three business days after signing the Enrollment Agreement and making payment.
2. Withdrawal after the third 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).
3. Any textbooks and polo shirts issued must be returned to the school unused to receive full refund for those items.
4. All monies due, will be refunded to the payee within 30 days of the date of determination of the student’s withdrawal (see above).
5. Tuition will be refunded on a pro-rated basis. The refund will apply up to 40% of the enrollment term. After 40% of the enrollment term has been completed according to the pro-rated calculation, the student will no longer be eligible for a refund.

- In the online courses, if no activity is logged within the first 7 days of each scheduled class then HCI reserves the right to withdraw the student for non-participation; monies will be refunded according to the refund schedule above.

Refund pro-rated schedule

% of attendance in Class	% of refund
20 %	50 %
21%-40%	25%
More than 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.

NOTICE TO THE STUDENT:

- Do not sign this agreement before you have read it or if it contains blank spaces.
- This agreement is legally binding. This contract is binding only when it is accepted, signed, and dated by the authorized official of the school,
- You are entitled to an exact copy of this agreement.
- This agreement and the catalog constitute the entire agreement between the student and the school.
- Although the school will provide assistance for placement , the school does not guarantee job placement to the graduate upon program completion.
- The school reserves the right to reschedule the program start date if the number of students scheduled is too small.
- The school reserves the right to terminate a student’s training for unsatisfactory progress, nonpayment of tuition or failure to abide by established standards of conduct.
- The school does not guarantee the transferability of credits to a college, university or institution. Any decision of the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS:

- I hereby acknowledge that I am in receipt of the school’s catalog (either by printed or a read only electronic format of the catalog) _____, which contains information describing programs offered, and equipment and supplies offered. The school’s catalog is included as part of the enrollment agreement and I acknowledge that I have received a copy of this catalog.
 _____ Student Initials
- I have read and received an exact copy of this enrollment agreement.
 _____ Student Initials
- I understand that the school may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before certification of any type is awarded.
 _____ Student Initials
- I understand that the school does not guarantee job placement upon graduation of the program.
 _____ Student Initials

CONTRACT ACCEPTANCE

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior verbal or written agreements and may not be modified without written agreement of the student or the school. I also understand that if I default on this agreement I will be responsible for the payment fees or money incurred by Health Career Institute.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities regarding this contract.

Signed this day of _____, 20_____

Signature of Student_____

REPRESENTATIVE'S CERTIFICATION:

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for the acceptance of a student as described in the school catalog.

Signature of School Official_____