



4850 W. Oakland Park Blvd. Suite 123 Lauderdale Lakes, FL 33313 954 579-2001 Office 561 471-4010 Fax

Student Enrollment Agreement

ASSOCIATE OF SCIENCE DEGREE IN NURSING

This Student Enrollment Agreement (Enrollment Agreement) and Program Application (Application) contained in this packet constitutes a binding contract between the Student and Health Career Institute (HCI or the School) upon completion and acceptance.

READ THIS AGREEMENT CAREFULLY AS THIS IS A BINDING CONTRACT

Name:				
Address:				
	STREET ADDRESS	CITY/STATE	ZIP/POSTAL CODE	
Telephone: (Home) _		(Business or Cell	lular):	
Social Security Numb	per:	DOB:		
Gender: Male / Femal	e E-Mail Address:			

PROGRAM DESCRIPTION:

Health Career Institute (HCI or the School), located at 4850 W. Oakland Park Boulevard, Suite 123, Fort Lauderdale, Florida 33313, Office: 954-579-2001, Fax: 561 471-4010, Website: www.HCl.edu. The Associate of Science Degree in Nursing Program (ADN Program) is committed to providing the highest quality education for students seeking an Associate of Science Degree in Nursing (ADN Degree). The ADN Program is designed to provide educational and clinical experiences leading to employment in entry-level positions as registered nurses in hospitals or comparable facilities.

The ADN Program focuses on: technical nursing skills across the life span, in short and long-term care facilities and in the community environment. The program covers critical care concepts; professional development and wellness of self and others.

Upon satisfactorily completion of the requirements for graduation and NCLEX preparation assessments, the student is awarded an ADN Degree and is eligible to take the National Council Licensing Exam (NCLEX) to become a registered nurse.

PROGRAM LENGTH AND PROGRAM ACCREDITATION:

72 College credits: approximately 1,620 hours, 5 semesters, 20 months

This program is approved by the Florida Board of Nursing and accredited by the Accrediting Commission of Career Schools and Colleges, 2101 Wilson Boulevard, Suite 302, Arlington, Virginia 22201. (703) 247-4212 (www.accsc.org).

ENROLLMENT DIRECTIONS:

- 1. After receiving and reviewing the school catalog, submit a completed Application provided in this packet with a \$150.00 application fee. The application should be submitted separately prior to submitting the Enrollment
- 2. After reading and understanding the Enrollment Agreement, sign and submit it in person with applicable fees and required documents as listed below in the admissions checklist.

**** All fees and documents are required to be submitted before attending orientation. ****

PROGRAM SCHEDULE:

Clinical Rotations: Include a combination of medical facility, simulation lab and other field experience. The Student will receive further details of this schedule at the mandatory orientation which occurs approximately one week before classes begin.

Approximate Length of Program including Gen Eds: All shadowed areas need to be filled in or circled. 60 Weeks (16 months – 24 months) Start Date: / / Anticipated End Date: / / Associate Degree in Nursing (72 Credits) NUR Classes \$780.00 per credit hour: Pre-Requisite & Co-Requisite Classes \$325 per credit hour: 18 Credits General Education Classes \$140 per credit hour: 12 Credits **Tuition** \$40,740.00 Lab/Clinical Fees/Reg Fees \$7,525.00 Total Fees \$48,265.00 Co-Requisites and Pre-Requisites are included in totals. NUR Classes (Core Nursing Classes)......42 Credits / 1,185 Hours Start Date: ___/_ Anticipated End Date: ___/__/_ Circle Days: M - T - W - TH - F - Sat Specific Class Time _____to ____(Specify AM, PM)

Nursing Core Courses Tuition and Fees Per Semester:

Semester I Tuition & Fees

Tuition (12 Credits)	\$	9,360.00
Lab/Clinical Fee	\$	1218.75
Non-refundable ATI Fee	55	662.50
Total Semester I	\$	11,241.25

Semester III Tuition & Fees

Tuition (10 Credits)	\$ 7,800.00
Lab/Clinical Fee	\$ 1,218.75
Non-refundable ATI Fee	\$ 662.50
Total Semester III	\$ <u>9,681.25</u>

Semester II Tuition & Fees

Total Semester II	\$ <u>11.241.25</u>
Non-refundable ATI Fee	\$ 662.50
Lab/Clinical Fee	\$ 1,218.75
Tuition (12 Credits)	\$ 9,360.00

Semester IV Tuition & Fees

Tuition (8 Credits)	\$ 6,240.00
Lab/Clinical Fee	\$ 1,218.75
Non-refundable ATI Fee	\$ <u>662.50</u>
Total Semester IV	\$ <u>8,121.25</u>

Included in Lab/Clinical Fee:

- Clinical Instruction*
- Liability Insurance
- Skills Lab Supplies

Not Included in Fees:

- Textbooks, Scantron Sheets
- Pre-Screening Medical Exam
- Ten Panel Drug Screen
- Scrubs and Stethoscope
- Pearson Education Online Access and NCLEX-**RN Fees**

*Most Clinical Sites are usually within 50 miles of the School, however site(s) can be located up to 100 miles from the School.

<u>Admission</u>	Requirement (<u>Checklist for</u>	the ADN	Program:

C	Current license as a Florida State Paramedic or LPN (if applicable) Achieving Minimum of Score of 14 on Wonderlic SLE
	Current PPD, proof of Titers and proof of current American Heart Association BLS due prior to clinicals
F	FDLE Level II Background within 6 months of the first day of class
	Current Physical signed by a physician and performed within the past 12 months due prior to clinicals Current 10 Panel Drug Screen within 60 days of the first day of class
	Completed Enrollment Agreement and Application with appropriate fees
н	l 8 years of Age proof with valid driver's license High School Diploma or G.E.D. or Official College Transcript noting High School Attended

Pre-Requisites:

BSC 2085C	Anatomy & Physiology I with Lab	4 Credits	\$ 1,350.00
BSC 2086C	Anatomy & Physiology II with Lab	4 Credits	\$ <u>1.350.00</u>
	Total	8 Credits	\$ <u>2,700.00</u>

Co-Requisites:

MCB 2010C	Microbiology with Lab	4 Credits	\$ 1,350.00
HUN 1201	Elements of Nutrition	3 Credits	\$ 1,025.00
DEP 2004	Human growth & Development	3 Credits	\$ <u>1.025.00</u>
	Total	10 Credits	\$ <u>3,400.00</u>

Credits \$ 140.00 Per Credit Plus \$ 50.00 per Class Online Non-Refundable	
Registration Fee*	
Online Courses	0 Hours

General Education Courses:

	Total	12 Credits	\$ <u>1,880.00</u>
PSY 2010	General Psychology	3 Credits	\$ <u>470.00</u>
MGF 1106	Liberal Arts Mathematics	3 Credits	\$ 470.00
SPC 2608	English Speech	3 Credits	\$ 470.00
ENC 1101	English Composition I	3 Credits	\$ 470.00

*Note: Online General Education costs do not include Pearson Education online access fee.

METHOD OF PAYMENT:

Option 1: Payment may be made by credit card.

HCI accepts VISA, MasterCard, Discover and American Express.

Option 2: Payment may be made by check. No cash is accepted.

There is a \$36 fee for checks returned for any reason.

Option 3: HCI participates in Florida Prepaid College Fund (www.myfloridaprepaid.com), Bright Futures (http://www.floridastudentfinancialaid.org/ssfad/bf/) and VA Benefits (http://www.benefits.va.gov/gibill/). Note: Program benefits may vary depending on individual eligibility.

Option 4: Financial Aid available to those who qualify.

The Application Form in this packet plus the application fee must be submitted prior to submitting the Enrollment Agreement. All required documents must be submitted before attending orientation. Tuition and related fees are due in full according to your payment schedule agreed upon at the time of registration and acceptance of the Enrollment Agreement.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED The dollar amount the credit provided to you or on your behalf.	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled.	TOTAL SALES PRICE The total cost of your purchase on credit including your down payment	
9%	\$	\$	\$	\$	
	YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	WHEN PAYMENTS ARE DIE				
	\$	Beginning on/ and on the same day each (check one) month or bi-weekly thereafter			

Refund Policy:

CANCELLATION REFUND POLICY:

A Student wishing to cancel an enrollment or withdraw may complete a Withdrawal/Cancellation Form. This form is available at www.HCl.edu or from the Registrar located in Suite 203.

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 of all monies paid with the exception of the non-refundable registration fee.
- Any textbooks and uniform 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 calendar days of date of the cancelation with proper submission of a Withdrawal/Cancellation Form by the student. Written notification may be submitted by email, fax or in person.
- Refunds will be made within 30 calendar days of the first day of class if no written notification is provided by the student.

RETURN TO TITLE IV FUNDS (R2T4)

The requirements for federal financial aid when a student withdraws are separate from the Institutional Refund Policy, as such a student may still owe a balance to the Institution for unpaid institutional charges. Federal regulations specify how the Institution must determine the amount of Federal financial aid the student is entitled to have earned when a student withdraws from the Institution.

The percentage amount of Federal financial aid a student has earned during a semester/pay period is calculated based on the total number of calendar days completed in a semester/payment period divided by the total number of calendar days in the payment period. For students who withdraw during the semester/payment period the school will perform the return calculation on a payment period basis.

HCI Enrollment Agreement – Nursing (ADN) Program FLL

The amount of assistance earned is determined on a pro-rata basis, up through the 60% point in each semester/payment period. For example, if you completed 30% of your semester/payment period, you earn 30% of the FSA assistance you were originally scheduled to receive. After the 60% point of the semester/payment period, a student has earned 100% of the Title IV funds he or she was scheduled to receive during the period. Any time a student begins attendance in at least one course, but does not begin attendance in all the courses he or she was scheduled to attend, regardless of whether the student is a withdrawal or graduate, the institution must review to see if it is necessary to recalculate the student's eligibility for funding received based on a revised enrollment status and the cost of education.

The Order of the Return of Title IV Funds

The return of Title IV funds under the Federal Refund Policy follows a specific order, as follows:

(1) Unsubsidized Direct Loan, (2) Subsidized Direct Loan, (3) Perkins Loan (if applicable), (4) Direct PLUS Loan, (5) Pell Grant, (6) FSEOG, (7) Other Title IV

Withdrawal Procedures

- 1. Notice of withdrawal should be made in person by submitting a Withdrawal Form to the Registrar, and the date of determination will be the date the student submits the Withdrawal Form. The Withdrawal Form and procedure may be obtained from HCl's Registrar in Suite 203 or on HCl's website: www.hci.edu.
- 2. If a student is withdrawn by the school for absenteeism based on the attendance policy, the student's last date of attendance will be the withdrawal date. The date of determination will be no later than 14 days after the student's last date of attendance.
- 3. If a student is withdrawn by the school for failure to maintain required grades or passing rate, the date of determination will be no later than 14 days after the student's last date of attendance, which will be the same day as the last failed exam or make-up exam.

Institutional Refund Policy

Health Career Institute will refund tuition paid by a Student in the following manner:

- Withdrawal after attendance has begun, but prior to 50% completion for that semester, will result in a refund based on chart below for that semester.
- Withdrawal after completing more than 50% of the semester will result in no tuition refund.
- The Withdrawal Date for refund computation (prior to completing 50% 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 will be the last date of attendance.

Proportion of Semester Taught	Tuition Refund Percentage
20% or Less	Pro-Rata
20.01% up to and including 30%	20%
30.01% up to and including 40%	30%
40.01% up to and including 50%	40%
More than 50%	0% (No Tuition Refund)

Refunds for Classes Cancelled:

All monies will be refunded within 30 days of the schedule start date in the event that HCI cancels the class.

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

Student must read and initial each of the following sections (I – IV).

I. GROUNDS 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 Enrollment Agreement 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 policies as outlined in the catalog with or without notification.

Initial

II. 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 Enrollment Agreement, pass all written and practical examinations with a minimum score of 80%, pass the ATI Predictor with a minimum score of 94% with only two attempts permitted (second attempt is at the sole cost of the student), complete all required clinical hours, achieve "Green Light" status with Virtual ATI (VATI), and satisfy all financial obligations to the School.

Initial

III. EMPLOYMENT ASSISTANCE

I understand that the School has not made and will not make any guarantees of employment or salary upon my graduation. The School will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

Initial

IV. ACKNOWLEDGEMENT

This Enrollment Agreement contains the entire agreement between Health Career Institute and me, and no further modification or representation will be recognized. The student understands that there is financial aid available to those who qualify, is responsible for payments due prior to class starting per policy and any installment contract scheduled payments until paid in full. The student also acknowledges that they have received a receipt of payment as well as been given a copy of this completed Student Enrollment Agreement as executed for the Student's records. The student further acknowledges that a copy of the schools catalog has been provided and reviewed prior to signing this enrollment agreement.

Initial

NOTICE TO PROSPECTIVE STUDENTS:

DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. THIS IS A BINDING CONTRACT ONCE SIGNED. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE ENROLLMENT AGREEMENT AND HAVE RECEIVED AND READ THE CURRENT CATALOG.

Signature of Applicant	Date	Verification Applicant received copy of this Agreement.
		Initial by student:
Signature of School Official	Date	