



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

Student Enrollment Agreement

ASSOCIATE OF SCIENCE IN EMERGENCY MEDICAL SERVICES

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 Cellular): _____

Social Security Number: _____ DOB: _____

Gender: Male / Female E-Mail Address: _____

PROGRAM DESCRIPTION:

Health Career Institute (HCI or the School), located at 1764 N. Congress Avenue, West Palm Beach, Florida 33409, Office: 561-586-0121, Fax: 561 471-4010, Website: www.HCI.edu. Associate of Science Degree in Emergency Medical Services Program is committed to providing the highest quality education for students seeking an Associate of Science Degree in Emergency Medical Services. The Emergency Medical Services Program is designed to provide educational and clinical experiences leading to career advancement and increased employment opportunities in the field of Emergency Medical Services in pre-hospital settings.

The Emergency Medical Services Program focuses on: medical and trauma-related emergencies. The program includes lecture, skills labs, and hospital and fire rescue rotations as outlined in the core requirements in the most current Emergency Medical Services curriculum standards. The Paramedic Program can also be applied as a core requirement in the Associate of Science in Emergency Medical Services degree program.

Upon satisfactory completion of the requirements for graduation, the student is awarded an Associate of Science degree and is eligible for certification by the State of Florida to practice as a Paramedic if not previously certified.

ACCREDITATION AND PROGRAM LENGTH:

60 College credits: approximately 1,337 hours, 4 semesters, 24 months

This program is approved by the Florida Department of Health Bureau of Emergency Medical Services. Health Career Institute is 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 Agreement.
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.
3. Applicants transferring in a Paramedic Program (45 credits) not completed at Health Career Institute must take the remaining General Education Courses (15 credits) at Health Career Institute and cannot be transferred from another institution in order to complete at least 25% of program credits as per policy.

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

PROGRAM SCHEDULE:

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

All shadowed areas need to be filled in or circled.

Approximate Length of Program:
104 Weeks (24 months)

Start Date: ___/___/___

Anticipated End Date: ___/___/___

Associate of Science in Emergency Medical Services (60 Credit Hours)

Semester I, II and III Classes \$136.13 per credit hour: 15 Credits Per Semester (45 Credits Total)
Semester IV Classes \$266.00 per credit hour: 15 Credits Total

| | |
|----------------------------|---------------------------|
| Tuition | \$6,126.00 |
| Lab/Clinical Fees/Reg Fees | 1,794.00 |
| General Education Courses | 3,990.00 |
| Total Program Cost | <u>\$11,910.00</u> |

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Paramedic (Core Paramedic Classes)..... | 45 Credits / 1,112 Hours |
| Start Date: | ___/___/___ | Anticipated End Date: ___/___/___ |
| Circle Days: | M - T - W - TH - F - Sat | Specific Class Time _____ to _____ (Specify AM, PM) |

Paramedic Core Courses Tuition and Fees Per Semester:

Semester I Tuition & Fees

| | |
|---------------------------------|---------------------------|
| Tuition (15 Credits) | \$ 2,042.00 |
| Lab/Clinical Fee | 536.00 |
| Non-refundable Registration fee | <u>62.00</u> |
| Total Semester I | <u>\$ 2,640.00</u> |

Semester II Tuition & Fees

| | |
|---------------------------------|---------------------------|
| Tuition (15 Credits) | \$ 2,042.00 |
| Lab/Clinical Fee | 536.00 |
| Non-refundable Registration fee | <u>62.00</u> |
| Total Semester II | <u>\$ 2,640.00</u> |

Semester III Tuition & Fees

| | |
|---------------------------------|---------------------------|
| Tuition (15 Credits) | \$ 2,042.00 |
| Lab/Clinical Fee | \$ 536.00 |
| Non-refundable Registration fee | \$ 62.00 |
| Total Semester III | <u>\$ 2,640.00</u> |

| |
|--|
| <input type="checkbox"/> CHECK BOX IF STUDENT HAS COMPLETED A PARAMEDIC PROGRAM AT AN INSTITUTION OTHER THAN HEALTH CAREER INSTITUTE. ATTACH VALID PARAMEDIC LICENSE |
|--|

Included in Lab/Clinical Fee:

- Clinical Instruction*
- Liability Insurance
- Drug Screening
- Background
- Paramedic Textbook Bundle

Not Included in Fees:

- Books & Course: BLS, ACLS, PHTLS, 12 Lead & PALS
- Stethoscope
- Pre-screening Medical Exam
- Computer Adaptive Testing
- Uniform pants

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

| | |
|----------------------------|--|
| | General Education Courses: Credits \$ 266.00 Per Credit |
| Online Courses..... | 15 Credits / 225 Hours |

General Education Courses:

Semester IV Tuition & Fees

| | | | |
|--------------------------|--------------------------------------|-------------------|-------------------|
| ENC 1101 | English Composition I | 3 Credits | \$ 798.00 |
| SPC 2608 | Speech or ENC1102 English II | 3 Credits | \$ 798.00 |
| MGF 1106 | Liberal Arts Mathematics | 3 Credits | \$ 798.00 |
| PSY 2010 | General Psychology | 3 Credits | \$ 798.00 |
| AMH 2010 | History of the USA: A Survey to 1877 | 3 Credits | \$ 798.00 |
| Total Semester IV | | 15 Credits | \$ 3990.00 |

*Note: Online General Education costs include Pearson Education online access fee or E-books.

Admission Requirement Checklist for the Emergency Medical Services Program:

- Pass a criminal background check by the Florida Department of Law Enforcement (FDLE) (Level II)*
- Pass and have a current (within six months) 10 panel drug screen*
- be 18 years of age prior to the start of classes
- Provide a valid Driver’s License or government issued photo ID
- Have a current physical (within the past 12 months) signed by a physician prior to starting their clinical*
- Have current PPD, proof of Titers and proof of current American Heart Association Basic Life Support (BLS) before starting class*
- Provide proof of High School graduation (Diploma) or successful completion of the General Education Development test (GED) or recognized equivalents of a high school diploma or provide verification of graduation of an Associate degree or higher from an accredited college or university. Acceptance of any of the documents listed above is at the sole discretion of the School.
- Be currently licensed as a Paramedic
- Meet the technical requirements as per Health Career Institute’s admission Enrollment Agreement.

*Not required if transferring in a Paramedic Program (45 credits)

METHOD OF PAYMENT:

Option 1: Payment may be made by credit card or debit card.

HCI accepts VISA, MasterCard, Discover and American Express.

Option 2: Payment may be made by check or money order. 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 is approved for participation in various funding programs offered through the Veterans' Administration (<http://www.benefits.va.gov/gibill/>). Note: Program benefits may vary depending on individual eligibility.

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 <i>The dollar amount the credit provided to you or on your behalf.</i> | TOTAL OF PAYMENT <i>The amount you will have paid after you have made all payments as scheduled.</i> | TOTAL SALES PRICE <i>The total cost of your purchase on credit including your down payment</i> |
|---------------------------------------|-------------------------|---|---|---|
| | \$ | \$ | \$ | \$ |
| YOUR PAYMENT SCHEDULE WILL BE: | | | | |
| NUMBER OF PAYMENTS | *AMOUNT OF EACH PAYMENT | WHEN PAYMENTS ARE DUE | | |
| | | Beginning on ____ / ____ / ____ and on the same day each (check one) ____ month or ____ bi-weekly thereafter | | |

***Note: Student gap payment listed below “Amount of Each Payment” requires enrollment in automatic debit/credit/checking payment authorization through *Health Career Institute* or a co-signer for Tuition Options or payment in full by credit card, debit card, check or money order.**

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.HCI.edu or from the Registrar located in Suite 205.

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 within 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 \$150 non-refundable Application 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 at tandrews@hci.edu, faxed to (561) 471-4010, or in person to the Business Office Manager.
- Refunds will be made within 30 calendar days of the first day of class if no written notification is provided by the student and the student has withdrawn according to the following Withdrawal Procedures.

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 Withdrawal Date the student submits the Withdrawal Form. The Withdrawal Form and procedure may be obtained from HCI's Registrar in Suite 205 or on HCI'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.

4. I understand and agree that the school may change locations during the course of my enrollment. Further, I understand that should I decide to discontinue my enrollment on or after the date of that relocation, that my refunds (if any) will be calculated using the policy outlined in this Enrollment Agreement.

Institutional Refund Policy

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

- Students who withdraw during the 14 day add/drop period will receive a 100% refund of all monies paid for tuition, fees and supplies (excluding the \$150 Nonrefundable Application Fee. Students who attend beyond the 14 day add/drop period will be responsible for 100% of the tuition and fee charges for the period of enrollment (semester).
- The Withdrawal Date for refund computation 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.

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 Vice President of Academic Affairs 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%, and complete all required clinical hours (if applicable) 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. I authorize Health Career Institute's representatives to contact potential employers for the purpose of advocating on my behalf and may release my name and application materials, including, but not limited to, my cover letter, resume, and transcript to prospective employers. I authorize Health Career Institute and its third-party vendors to contact my employer to verify pertinent employment information for my graduate record.

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 no financial aid

