



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

Student Enrollment Agreement

DIPLOMA IN EMERGENCY MEDICAL TECHNICIAN (EMT)

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: _____ (Emergency Contact): _____

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. The Applied Technology Diploma in Emergency Medical Technician - Basic (EMT-B Program) is committed to providing the highest quality education for students seeking to provide pre-hospital emergency medical care at a basic life support level with an ambulance service or other emergency services agency. The EMT-B Program is a prerequisite for the Paramedic Program. Special admissions requirements are associated with this program.

Upon satisfactory completion of the requirements for graduation, the student is awarded a Diploma and is eligible for certification by the State of Florida to practice as an Emergency Medical Technician (EMT).

ACCREDITATION AND PROGRAM LENGTH:

12 College credits: approximately 300 hours, 1 semester, 4 months

This program is approved by the Florida Department of Health Bureau Emergency Medical Services 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 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.

**** 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:
 16 Weeks (4 months)

Start Date: ____/____/____ **Anticipated End Date:** ____/____/____

Emergency Medical Technician (12 Credits)

Semester I Classes \$225.00 per credit hour: 12 Credits Per Semester

Tuition	\$2,700.00
Lab/Clinical Fees/Reg Fees	\$725.00
Non-Refundable Registration fee	\$75.00
State Test Review Fee	\$100.00
Total Fees	\$3,600.00

EMS Classes (Core EMT Classes).....12 Credits / 250 Hours

Start Date: ____/____/____ **Anticipated End Date:** ____/____/____

Day: Monday & Wednesday 9 am – 6 pm
 Tuesday & Thursday 9 am – 6 pm **Eve:** Tuesday, Wednesday & Thursday 6pm – 11 pm

Emergency Medical Technician Core Courses Tuition and Fees Per Semester:

Semester I Tuition & Fees

Tuition (12 Credits)	\$ 2,700.00
Lab/Clinical Fee	\$ 725.00
Non-refundable Registration fee	\$ 75.00
State Test Review	\$ 100.00
Total Semester I	\$ 3,600.00

Please Note: EMT Textbook Bundle is specially priced and includes Platinum Planner, EMS Testing and myBrady Lab access codes.

Included in Lab/Clinical Fee:

- Clinical Instruction*
- Liability Insurance

Not Included in Fees:

- EMT Textbook Bundle – Required (see above)
- Computer Adaptive Testing Fee
- Uniform Pants, Polo Shirt, Stethoscope,
- Pre-Screening Medical Exam
- Drug Screening

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

Admission Requirement Checklist for the EMT Program:

- Pass a criminal background check by the Florida Department of Law Enforcement (FDLE) (Level II)¹.
- Pass and have a current (within six months) 10 panel drug screen¹.
- 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 before starting class

- Have current PPD, proof of Titters, 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 may provide a recognized equivalent of a high school diploma, or verification of graduation from an Associate degree or higher program from an accredited college or university. Acceptance of any of the documents listed above is at the sole discretion of the Institution.

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 above "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 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 cancellation 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

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 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:

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. The applicant that has not visited the school facility prior to signing the Enrollment Agreement will have the opportunity to withdraw without penalty within (three days) following either the regularly scheduled orientation procedures or following a tour of the school facilities and inspection of equipment. **Returned check fees and transfer credit fees are non-fundable. The nonrefundable Registration fee is fully refundable (not to exceed \$150).*
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) and transfer credit fees.
3. Any textbooks and uniforms issued must be returned to the school unused to receive full refund for those items.
4. Refunds will be issued to the payer 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 pro-rata refund will apply on the proportion of the Semester taught of the Enrollment Term (as defined by Program). In the online courses, if no activity is logged within the first 7 days of each scheduled class then Health Career Institute reserves the right to withdraw the student for nonparticipation; monies will be refunded according to the refund schedule below.

Proportion of Semester Taught	Tuition Refund Percentage
0% through and including 40%	Pro-Rata
More than 40% and including 50%	40%
More than 50%	0% (No Tuition Refund)

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 as stated in the handbook.

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 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 available, 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 _____

Signature of School Official _____ Date _____

Verification Applicant received copy of this Agreement.

Initial by student: _____

