

Health Career Institute
1764 N. Congress Avenue
West Palm Beach, FL 33409
561.586.0121
www.HCI.edu



Health Career Institute
4850 W. Oakland Park Boulevard
Lauderdale Lakes, FL 33313
954.6260255
www.HCI.edu

APPLICATION

Application Fee \$ 150.00 (Includes FDLE Background Check)

Please Choose Program:

- Emergency Medical Technician** (Diploma, 4 Months, 250 Clock Hours, 12 Credits)
- Paramedic** (Diploma, 12 Months, 1,112 Clock Hours, 45 Credits)
- Emergency Medical Services** (AS Degree, 24 Months, 60 Credits)
- Fire Science** (AS Degree, 24 Months, 60 Credits)
- Nursing** (ADN Degree, 16-24 Months, 72 Credits) OFFERED AT WEST PALM BEACH & LAUDERDALE LAKES
- RN to BSN** (BSN Degree, 12-24 Months, 120 Credits)

Applicant Information

Name: _____
LAST FIRST MIDDLE

Address: _____
NO. & STREET CITY STATE ZIP

Phone: _____ Email: _____
AREA CODE

Social Security #: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Gender: Male Female
MONTH DAY YEAR

Education

Highest Education Level Completed:

- General Education Diploma (GED)
- High School Diploma
- Some College
- 2 Year College
- Bachelor's Degree or Higher

Citizenship:

- U.S Citizen
- Permanent Resident Alien
- M-Visa Student
- Other

Home Country: _____

Name of High School: _____ County: _____

Address: _____
NO. & STREET CITY STATE ZIP

Education (cont'd)

Will you be requesting a review of transfer credits? Yes No

Name of College 1: _____ County/State: _____

Name of College 2: _____ County/State: _____

Work History

Certifications in State of Florida:

Fire Certification #: _____ EMT Certification #: _____

Paramedic Certification #: _____ LPN #: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

Have you ever been enrolled in a healthcare program? (EMT, Paramedic, Nurse, CNA, Fire Fighter, Medical Assistant, Home Health Aide, etc.) Yes No

Program Name: _____ School Name: _____

Have you ever worked in healthcare? (EMT, Paramedic, Nurse, CNA, Fire Fighter, Medical Assistant, Home Health Aide, etc.) Yes No

Job Title: _____

Present Employer: _____ Date of Hire: _____

Program Goal

Why are you interested in attending Health Career Institute? (Check all that apply)

Career Advancement Personal Enrichment Better Pay In Demand Job

Other: _____

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

HCI Administrative Use Only

Admissions Signature: _____ Date: _____

School Official Signature: _____ Date: _____