

HCI College
1764 N. Congress Ave. 203
West Palm Beach, FL 33409
561.586.0121
www.HCI.edu



HCI College
1201 W Cypress Creek Rd. 101
Fort Lauderdale, FL 33309
954.626-0255
www.HCI.edu

APPLICATION

Application Fee \$ 150.00 (Includes FDLE Background Check)

Please Choose Program:

- Emergency Medical Technician** (Diploma, 4 Months, 300 Clock Hours, 12 Credits) WEST PALM BEACH & FORT LAUDERDALE
- Paramedic** (Diploma, 12 Months, 1,112 Clock Hours, 45 Credits) WEST PALM BEACH & FORT LAUDERDALE
- Emergency Medical Services** (AS Degree, 24 Months, 60 Credits)
- Fire Science** (AS Degree, 24 Months, 60 Credits)
- Nursing** (ADN Degree, 16-20 Months, 72 Credits) WEST PALM BEACH & FORT LAUDERDALE
- 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: ____/____/____
MONTH DAY YEAR

Citizenship:
 U.S Citizen Permanent Resident M-Visa Student Other - Home Country: _____

Race (Optional)
 American Indian/Alaska Native Asian Black/African-American Hispanic/Latino
 Native Hawaiian/Pacific Islander White Other/two or more Race Ethnicity Unknown

Gender: Male Female

Education

Highest Education Level Completed:

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

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 HCI College? (Check all that apply)

Career Advancement Personal Enrichment Better Pay In Demand Job

Other: _____

Media Release

Help us to promote your school. I authorize HCI College, to use the following information: (1) My picture - including photographic, motion picture, and electronic (video) images. (2) My voice - including sound and video recordings in print and online media and waive the right to receive any payment.

OPT-OUT

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

HCI Administrative Use Only

Admissions Signature: _____ Date: _____