



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 PARAMEDIC

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. The Diploma in Paramedic Program is committed to providing the highest quality education for students seeking a Diploma in Paramedic. The Paramedic Program is designed to provide educational and clinical experiences leading to employment in entry-level positions as Paramedics in pre-hospital settings.

The Paramedic 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 also be applied as a core requirement in the A.S. in Emergency Medical Services degree program.

Upon satisfactorily 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 a Paramedic.

PROGRAM LENGTH AND PROGRAM ACCREDITATION:

45 College credits: approximately 1,112 hours, 3 semesters, 12 months

This program is approved by the Florida Department of Health Bureau of 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 orientation. ******

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:
52 Weeks (12 months)

Start Date: ___/___/___

Anticipated End Date: ___/___/___

Diploma in Paramedic (45 Credit Hours)

Semester I, II and III Classes \$165.00 per credit hour:

45 Credits Per Semester

Tuition	\$7,425.00
<u>Lab/Clinical Fees/Reg Fees</u>	<u>\$2,475.00</u>
Total Fees	<u>\$9,900.00</u>

EMS Classes (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)	\$ 2,475.00
Lab/Clinical Fee	\$ 650.00
Non-refundable Registration fee	<u>\$ 75.00</u>
Total Semester I	<u>\$ 3,200.00</u>

Semester II Tuition & Fees

Tuition (15 Credits)	\$ 2,475.00
Lab/Clinical Fee	\$ 650.00
Non-refundable Registration fee	<u>\$ 75.00</u>
Total Semester II	<u>\$ 3,200.00</u>

Semester III Tuition & Fees

Tuition (15 Credits)	\$ 2,475.00
Lab/Clinical Fee	\$ 800.00
Non-refundable Registration fee	\$ 75.00
State Test Review	<u>\$ 150.00</u>
Total Semester III	<u>\$ 3,500.00</u>

Please Note: Paramedic 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:

- Paramedic Textbook Bundle – Required (see above)
- Books & Course: BLS, ACLS, PHTLS, 12 Lead & PALS
- Uniform Pants, Popo Shirt, Stethoscope,
- Pre-Screening Medical Exam
- Drug Screening
- Computer Adaptive Testing Fee

*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 Paramedic Program:

- 18 years of Age proof with valid driver’s license
- High School Diploma or G.E.D. or Official College Transcript noting High School Attended
- Completed Enrollment Agreement and Application with appropriate fees
- 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
- FDLE Level II Background within 6 months of the first day of class
- Current PPD, proof of Titters and proof of current American Heart Association BLS due prior to clinicals.
- Current license as a Florida State EMT (If the student just completed EMT they must show proof of payment and application to the Florida Department of Health Bureau of EMS. The student MUST receive their Florida EMT prior to Semester II of the Paramedic Program (Phase I)
- Proof of previous experience or education in a Medical Program

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.

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>
9%	\$	\$	\$	\$
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		

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 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.

WITHDRAWAL REFUND POLICY:

A Student wishing to withdraw from the program will receive a refund within 30 calendar days of the date of written notification (Withdrawal Date). Written notification on HCI's Withdrawal/Cancellation Form may be submitted by email, fax, or in person. This form is available at www.HCI.edu or from the Registrar located in Suite 203.

Refunds made without a Withdrawal/Cancellation Form from the Student will be refunded within 30 calendar days of the Student's last day of attendance determined by:

- The date of withdrawal for unsatisfactory progress.
- The date of withdrawal for excessive absences refund will be calculated by using the last date of attendance.
- A Student who does not return to the program from an approved leave of absence.
- A Student who fails to follow proper procedures for requesting a leave of absence.
- A Student who does not receive approval for their leave.

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

- Withdrawal after attendance has begun, but prior to 40% completion for that semester, will result in a refund based on chart below for that semester.
- Withdrawal after completing 40% of the semester will result in no refund.
- The Withdrawal Date for refund computation (prior to completing 40% 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 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 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 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

<p>Verification Applicant received copy of this Agreement.</p> <p>Initial by student: _____</p>
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