

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  
954.626.0255  
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) WEST PALM BEACH & LAUDERDALE LAKES
- Paramedic** (Diploma, 12 Months, 1,112 Clock Hours, 45 Credits) WEST PALM BEACH & LAUDERDALE LAKES
- 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 & 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: \_\_\_\_\_

## Media Release

Help us to promote your school. I authorize Health Career Institute, 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: \_\_\_\_\_