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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 HCI College upon completion and acceptance.

READ THIS AGREEMENT CAREFULLY AS THIS IS A LEGAL AND BINDING CONTRACT

Last Name: _____ First Name: _____

Address: _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: _____ Email: _____

Social Security Number: _____ DOB: _____

(Emergency Contact): _____

PROGRAM DESCRIPTION:

The Emergency Medical Technician Program (EMT) is designed to prepare the student for an entry level career in Emergency Medicine and to meet educational level competencies according to the most current National EMS Education standards. The EMT performs basic life-supporting skills including patient assessment, opening airways, restoring breathing, controlling blood loss, treating victims of shock, immobilizing fractures, bandaging wounds, childbirth assistance, caring for heart attack patients, poison and burn victims, and transportation of patients.

Upon satisfactory completion of the requirements for graduation, the student is awarded a Diploma and must pass the National registry Emergency Medical Technician Exam (NREMT) become as an Emergency Medical Technician (EMT).

Note: The EMT Program is a prerequisite for the Paramedic Program. Special admissions requirements are associated with this program.

All shadowed areas need to be filled in or circled.

Approximate Length of Program:
15 Weeks (4 months)

Start Date: ___/___/___

Anticipated End Date: ___/___/___

Schedule for the EMT Core Courses are listed below. Please check the days you could attend:

Lecture/Lab Day: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

(___ AM or ___ PM) Class Time _____ To _____ (Specify)

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.

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

ACCREDITATION AND PROGRAM LENGTH:

12 semester credits: approximately 300 clock 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).

Emergency Medical Technician (EMT)

EMT (Core) \$391.66 per credit hour:

12 Credits

Tuition and Application Fee	
Tuition	\$4,700
Application Fee	\$150
Total Program Cost	\$4,850

Emergency Medical Technician Core Courses Tuition and Fees Per Semester:

Semester	Course Number	Course Name	Credits	Tuition
1	EMS 1119C	Emergency Medical Technician Lecture	10	\$3,917
	EMS 1119C	Emergency Medical Technician Lab	1	\$392
	EMS 1431	Emergency Medical Technician - Hospital/Field Combined	1	\$392
		Total		\$4,700
A set of required materials, textbooks, and uniforms are provided at no additional cost.				

Admission Requirement Checklist for the EMT Program:

- Complete and sign an application including payment of the application fee.
- Pass a criminal background check (within the past 12 months) ¹.
- Pass and have a current (within the past 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
- 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 College.
- Pass the Wonderlic Scholastic Level Exam (SLE) with a minimum score of 17
- Have a current physical (within the past 12 months) signed by a physician
- Have current PPD, proof of Titers, and proof of current American Heart Association Basic Life Support (BLS)

¹Certain findings on background checks or drug screen can hinder or prevent a student from clinical/ride placement or pursuing licensure in most program fields offered by HCI College.

METHOD OF PAYMENT:

Option 1: Payment may be made by credit card or debit card.

HCI College 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 College 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.

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 of 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 SALE PRICE <i>The total cost of your purchase on credit including your down payment</i>
N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	*AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE		
N/A	N/A	Beginning on ___ / ___ N/A ___ / ___ and on the same day each (check one) <u>N/A</u> month or <u>N/A</u> bi-weekly thereafter		

***Note: Student gap payment listed above "Amount of Each Payment" requires enrollment in automatic debit/credit/checking payment authorization through HCI College or a co-signer for Tuition Options or payment in full by credit card, debit card, check or money order.**

Refund Policy

Refunds for Classes Cancelled:

All monies will be refunded within 30 days of the schedule start date if HCI College cancels the class.

Cancellation/Withdrawal Refund Policy:

HCI College offers a refund to students who withdraw from the program, or to the sources from which the student's prepaid fees came, according to the schedule outlined below. This refund is based on tuition. Any student wishing to withdraw should complete and sign a Withdrawal Form. The Withdrawal Form and procedure may be obtained at HCI College's registration desk in Suite 205 at the West Palm Beach Campus or Suite 101 at the Fort Lauderdale Campus or on HCI College's website: www.HCI.edu.

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 101 at the West Palm Beach Campus or 101 at the Fort Lauderdale Campus.

HCI College will refund monies paid by students in the following manner:

- All monies will be refunded if the applicant is not accepted by the College 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 for the non-refundable application fee.
- Any textbooks and unused uniform polo shirts that were issued must be returned to the College 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 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 College's Registrar in Suite 101 at the West Palm Beach Campus or in Suite 101 at the Fort Lauderdale Campus or on HCI College's website: www.HCI.edu.
2. If a student is withdrawn by the College 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 College 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 College may change locations during 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 this policy.

Institutional Refund Policy

The refund schedule is as follows:

1. All monies paid will be refunded* if the applicant is not accepted by the College, or if the student cancels within three (3) business days after signing the Enrollment Agreement and making payment. The applicant that has not visited the College 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 College facilities and inspection of equipment. The nonrefundable Application is fully refundable (not to exceed \$150).
2. **Returned check fees and transfer credit fees are non-fundable.*
3. Withdrawal after the third business day, but before the first day of class, will result in a refund of all monies paid except for the non-refundable application fee (not to exceed \$150).
4. Any textbooks, uniforms, and equipment issued must be returned to the College unused to receive full refund for those items.
5. 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 at tandrews@hci.edu, faxed to (561) 471-4010, or in person to the Business Office Manager.
6. Refunds will be made within 30 calendar days of the first day of class if no written notification is provided by the student.

*Tuition for the EMT program will be refunded on a pro-rated basis. The pro-rata refund will apply to the proportion of the Semester taught of the Enrollment Term (as defined by Program).

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)

Refund Schedule:

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.
- The date of involuntary withdrawal by HCI College for actions that the College may deem to be in violation of its policies and procedures.

Student must read and initial each of the following sections (I – V).

I. GROUNDS FOR DISMISSAL

I Understand and agree that at the discretion of HCI College, I can be dismissed for unsatisfactory progress, non-payment of tuition and fees, or failure to comply with the College's policies, rules and regulations as stated in the HCI' Catalog.

Initial _____

II. GROUNDS FOR CANCELLATION, TERMINATION, or WITHDRAWAL

I agree to comply with the rules and policies and understand that the College 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 College reserves the right to modify the rules and policies as outlined in the catalog with or without notification.

Initial _____

III. 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 College.

Initial _____

IV. EMPLOYMENT ASSISTANCE

I understand that the College has not made and will not make any guarantees of employment or salary upon my graduation. The College 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 HCI College'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 HCI College and its third-party vendors to contact my employer to verify pertinent employment information for my graduate record.

Initial _____

V. ACKNOWLEDGEMENT

This Enrollment Agreement contains the entire agreement between HCI College 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 Colleges catalog has been provided and reviewed prior to signing this enrollment agreement.

Initial _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENROLLMENT AGREEMENT. I UNDERSTAND THAT THIS IS A LEGAL AND BINDING AGREEMENT BETWEEN THE COLLEGE AND MYSELF. ADDITIONALLY, I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND HAVE READ THE CURRENT CATALOG.

Signature of Applicant

Date

Signature of College Official

Date