

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: _____