



Student Application

Application Fee: \$50.00

SELECT CAMPUS:

Main Campus

West Palm Beach Campus

1764 N. Congress Ave, Suite 200, West Palm Beach, FL 33409
 1760 N. Congress Ave, Suites 101 and 102, West Palm Beach, FL 33409
 Office: 561-586-0121

A Branch of West Palm Beach

Fort Lauderdale Campus

1201 W. Cypress Creek Road, Suite 101, Fort Lauderdale, FL 33309
 Office: 954-626-0255

SELECT PROGRAM:

- Veterinary Assisting (Diploma, 10 Months, 720 Clock Hours, 35 Credits) WEST PALM BEACH & FORT LAUDERDALE
- Medical Assisting (Diploma, 10 Months, 855 Clock Hours, 36 Credits) WEST PALM BEACH & FORT LAUDERDALE
- Practical Nursing (Diploma, 16 Months, 1,350 Clock Hours, 46 Credits) WEST PALM BEACH & FORT LAUDERDALE
- Associate Degree in Nursing (Associate Degree, 24 Months, 1,485 Clock Hours, 72 Credits) WEST PALM BEACH & FORT LAUDERDALE

APPLICANT INFORMATION:

Name: _____
LAST FIRST MIDDLE

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

Phone Number: _____ **Email:** _____

SSN: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
MONTH DAY YEAR

Citizenship:

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

Gender:

- Male
 Female

Race (Optional):

- American Indian/Alaska Native Asian Black/African American Race/Ethnicity Unknown
 Native Hawaiian/Pacific Islander White Hispanic/Latino

Emergency Contact: _____
NAME RELATIONSHIP PHONE NUMBER

EDUCATION:

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

Name of High School: _____ **County/State:** _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

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 the State of Florida:**

EMT Certification #: _____ Paramedic Certification #: _____
 LPN License #: _____ RN License #: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been enrolled in a healthcare program? (*EMT, Paramedic, Nursing, LPN, CNA, Fire Fighter, Medical Assistant, Home Health Aide, etc.*) Yes No

Program Name: _____ **School Attended:** _____

Have you ever worked in healthcare? (*EMT, Paramedic, Nursing, LPN, 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: _____

Printed Name of Applicant

Signature of Applicant

Date

Printed Name of Parent or Guardian (if under the age of 18)

Signature of Parent or Guardian (if under the age of 18)

Date

OFFICE USE ONLY

Printed Name and Title of College Official

Signature of College Official

Date