HCI College
1764 N. Congress Ave, West Palm Beach, FL 33409
1201 W. Cypress Creek Rd Ste 101 Fort Lauderdale, FL 33309
www.hci.edu

Student Application

APPLICATION FEE:

$50.00 for the Associate Degree in Nursing, Practical Nursing, Medical Assisting, and Veterinary Assisting programs;
$100.00 for the Optometric Technician[1] program.

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
☐ Optometric Technician Diploma (10 Months, 720 Clock Hours, 32.5 Credits) FORT LAUDERDALE
☐ Practical Nursing Diploma (16 Months, 1,350 Clock Hours, 46 Credits) WEST PALM BEACH & FORT LAUDERDALE
☐ Associate Degree in Nursing (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 ☐ Two-Year College

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

Address: _____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

Will you be requesting a transfer credit review? ☐ Yes ☐ No

Name of College 1: _____ **County/State:** _____

Name of College 2: _____ **County/State:** _____

[1] *Due at the time of application; not subject to deferral*

WORK HISTORY:

Certifications in the State of Florida:

☐ 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? *(Nursing, LPN, CNA, Medical Assistant, Home Health Aide, etc.)* ☐ Yes ☐ No

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

Have you ever worked in healthcare? *(Nursing, LPN, CNA, 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