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

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
1756 North Congress Avenue, 2nd Floor, 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:

☐ Sterile Processing Technician Diploma (6 Months, 660 Clock Hours, 25 Credits) FORT LAUDERDALE
☐ Optometric Technician Diploma (10 Months, 720 Clock Hours, 32.5 Credits) FORT LAUDERDALE
☐ 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
☐ 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:** _____

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