

# HCI

HEALTH CAREER INSTITUTE



1926 10<sup>th</sup> Ave North  
 Suite #106 Classrooms  
 Suite #405 Administration Offices  
 Lake Worth, FL 33461  
 561-586-0121 Office  
 561-586-7616 Fax

Please Choose One:

- Diploma  Emergency Medical Technician
- Certificate  Fire Science
- AS Degree  AS Fire Science **Application Fee \$ 25.00**
- AS EMS **Application Fee \$ 25.00**

1. NAME: \_\_\_\_\_  
Last First Middle

2. LOCAL ADDRESS: \_\_\_\_\_  
No. & Street City State Zip

3. HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
Area Code Area Code

4. Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

5. DATE OF BIRTH: \_\_\_\_\_ 6. GENDER: Male  Female   
Month / Day / Year

7. EDUCATIONAL LEVEL COMPLETED

- General Education Diploma
- High School Diploma
- HS Name & State \_\_\_\_\_
- Some College
- Two Year Degree
- Bachelors Degree
- Other

8. CITIZENSHIP

- U.S Citizen
- Permanent Resident Alien
- M-Visa Student
- Other
- My Home Country is \_\_\_\_\_

9. ENROLLMENT STATUS

- Readmission
- New Student

10. STUDENT PROGRAM OBJECTIVE

- Job- Related
- Personal Enrichment

11. HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes/No  
 12. ARE YOU FIRE CERTIFIED? Yes / No EMT CERTIFIED? Yes / No  
 PARAMEDIC CERTIFIED? Yes / No

13. HAVE YOU EVER WORKED FOR EMS/FIRE SERVICE? Yes / No  
 If yes, In what capacity? \_\_\_\_\_

14. WHAT IS YOUR PRESENT EMPLOYMENT? \_\_\_\_\_

15. WHAT IS YOUR DATE OF HIRE? \_\_\_\_\_

16. HAVE YOU ATTENDED ANY OTHER COLLEGE/INSTITUTIONS THAT CREDITS COULD BE TRANSFERRED FROM \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## **METHODS AND TERMS OF PAYMENT**

Payment may be made BY CASH, CHECK (made out to Health Career Institute or HCI) CREDIT CARD: VISA, MASTERCARD or AMERICAN EXPRESS.

Tuition and related fees are due in full at time of registration and acceptance of the enrollment agreement.

## **CANCELLATION, WITHDRAWAL, TERMINATION, AND REFUND POLICY**

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule within 30 days of cancellation, withdrawal or termination.

### Refund Policy and Cancellation for All Students

Health Career Institute will refund monies paid by students in the following manner:

- Cancellations will be made in person or by certified mail.
- All monies will be refunded if the applicant is not accepted by the school or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
- Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund of all monies paid.
- Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a pro rata refund computed on the total number of hours completed to the total program hours.
- Cancellation after completing 40% of the program will result in no refund.
- The termination date for refund computation (prior to completing 40% of the program) will be one of the following:
  - The date of withdrawal
  - The date of a withdrawal signed by student
  - The date of withdrawal for unsatisfactory progress or the date of withdrawal for excessive absences.
- Refunds will be made within 30 days of termination date or receipt of cancellation notice.

***A student can be dismissed, at the discretion of the Director and/or President, for unsatisfactory progress, non-payment of costs, or failure to comply with rules and regulations.***

### GROUNDS FOR CANCELLATION, TERMINATION, or WITHDRAWAL

I agree to comply with the rules and policies and understand that the School shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the School reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

Initial \_\_\_\_\_

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