

**INSTITUTE OF HEALTH CAREERS, INC.**

**5624 8<sup>th</sup> Street West, # 114**

**Lehigh Acres, Florida 33971**

**239-303-4388**

***STUDENT ENROLLMENT CONTRACT***

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

**1350 CLOCK HOUR PRACTICAL NURSING PROGRAM (52 - 78 weeks)**

DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

EMERGENCY CONTACT : \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED, OR EQUIVALENT? YES \_\_\_\_\_ NO \_\_\_\_\_. IF "NO," LAST GRADE COMPLETED \_\_\_\_\_

***HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, NOLO CONTENDRE, A CRIME OTHER THAN A MINOR TRAFFIC OFFENCE? YOU MUST INCLUDE ALL MISDEMEANORS, FELONIES, AND JUVINILE OFFENSES, EVEN IF ADJUDICATION WAS WITHHELD. DRIVING UNDER INFLUENCE (DUI) OR DRIVING WHILE IMPAIRED (DWI) IS NOT CONSIDERED A MINOR TRAFFICE VIOLATION FOR THE PURPOSES OF THIS QUESTION. YES \_\_\_\_\_ NO \_\_\_\_\_***

***IMPORTANT NOTE: \*\*\*\* If you are enrolling in any health occupation program, any misdemeanor or felony conviction that you have may negatively impact your chances of completing the program, being placed at externship site and employment in the healthcare industry. In addition, the Florida Board of Nursing requires criminal background reporting on their applicants for licensure and persons with criminal backgrounds may not be eligible for licensure or employment\*\*\*\****

**PRACTICAL NURSING PROGRAM INFORMATION**

Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_ Delivery Method: Residential

**TOTAL PROGRAM COSTS** **\$18,000**

FEES BREAKDOWN: Registration (NON-REFUNDABLE)	\$150
Enrollment Fee (NON-REFUNDABLE)	\$50
Tuition & Lab Fees (REFUNDABLE)	\$16,800
Books/ATI/Uniform (NON-REFUNDABLE)	\$1,000

\*\*\*\*\*ALL OTHER COSTS FOR GOODS OR SERVICES, WHETHER OR NOT PURCHASED FROM THE SCHOOL,  
IS AT THE EXPENSE OF THE STUDENT AND ARE NON-REFUNDABLE\*\*\*\*\*

**NOT INCLUDED IN PROGRAM COST, NOT LIMITED TO:**

1. Valid C.P.R. card (Estimated cost \$100/ NON-REFUNDABLE)
2. Level 2 Background check & drug screen (Estimated cost, \$85 / *NON-REFUNDABLE*)
3. Health physical, PPD & immunizations (Estimated cost \$100 / NON-REFUNDABLE)

**CONTRACT PAYMENT OPTIONS**

{ } Full payment is due upon signing contract, OR

{ } \$3000.00 due upon signing contract with remaining balance due **PRIOR** to program start date, OR

{ } \$3000.00 due upon signing contract with remaining balance due **PRIOR** to program completion.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	FINANCED AMOUNT The dollar amount (the credit) provided to you or on your behalf.	PAYMENT TOTAL The amount you will have paid after you have made all payments as scheduled.	TOTAL PRICE The cost of your CREDIT purchase including your deposit
ZERO %	NONE	\$	\$	\$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	PAYMENT AMOUNT	PAYMENT DUE DATE		
	\$	Starting on _____ / _____ / _____ and on the same date MONTHLY, until paid in full.		

*All prices for the Program are printed herein and there are no carrying charges, interest charges, or  
service charges associated / charged. Contracts are not sold to a third party at any time. Lastly, class  
costs are included in the cost for goods and services.*

**LATE PAYMENT FEE OF \$50 ASSESSED IF NOT PAID ON DUE DATE or IF MINIMUM PAYMENT DUE IS NOT PAID IN FULL.** Failure to make scheduled payments will result in students being IMMEDIATELY withdrawn from the class and forfeiting all monies paid.

#### PAYMENT OPTIONS

We accept payments as follows: cashier's check, money order, and cash.

#### CREDENTIAL AWARDED

Upon successful completion of the PRACTICAL NURSING program, a Diploma will be awarded. In addition, students must meet **ALL** financial / monetary obligations, or otherwise, before a Diploma can be issued.

#### GRADUATION REQUIREMENTS

I understand that to graduate from the program and to receive a Diploma, I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Contract, pass all written and practical examinations with 80% average, and satisfy all financial obligations, or otherwise, to the institution.

#### CAREER SERVICES

This institution **DOES NOT** guarantee employment post-graduation. Additionally, I understand that the institution has not made and will not make any guarantees of employment or salary upon my graduation.

#### REASONS FOR TERMINATION

At the discretion of the institution, a student's enrollment can be terminated. Therefore, I agree to comply with the rules and policies and understand that the institution shall have the right to terminate this contract and my enrollment at any time for, but not limited to violation of rules and policies, misconduct, insufficient academic progress, and non-payment of academic costs as outlined in the catalog. I understand that the institution reserves the right to modify the rules and regulations, and that I will be advised of all modifications.

#### CANCELLATION & REFUND POLICY

The refund policy shall provide for cancellation of any obligation, excluding book(s) and supplies which are not returnable, within 3 working days (72 HOURS) from the student's signing an enrollment agreement or contract.

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellations must be made in person or email.
2. No refund if a student has completed more than 40% of the course.
3. A full refund will be given to any student who cancels a signed enrollment agreement within 72 hours (until midnight of the third (3<sup>rd</sup>) day excluding Saturdays, Sundays, and legal holidays).
4. If the cancellation is received after 72 hours, but prior to the first class, the student is entitled to a refund of all funds paid, excluding the registration and enrollment fees (not exceeding \$100).

5. Cancellation through 40% of class completion will result in a Pro Rata refund calculated based on the number of clock hours completed to the total program hours.
6. Refund checks will be made within 30 days of receipt of termination of student's enrollment.
7. A complete refund of all fees will be paid to the student for classes cancelled at no fault of their own, regardless of length.
8. Any fees paid to the school for any program (s) will not be transferable or refunded to another student other than the original applicant.
9. Any cancellation of classes / programs done by the institution before attendance has begun, the student will (a) have the option to receive a full refund within 30 days, or (b) apply the monies towards another class after providing the school with a written notice stating the course she/he would like to be transferred into.
10. TERMINATION DATE: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation, unless earlier written notice was received.

**CAVEAT: Students will be required to travel over 200 miles (depending on location) to complete the required Clinical hours and are responsible for arranging their own transportation/meals/lodging. ALL expenses related to attending Clinical are the sole responsibility of each student.**

#### ACKNOWLEDGEMENT

This contract contains the entire agreement between Institute of Health Careers Inc. and the student and no further modifications or representation except as herein expressed in writing by both parties will be recognized.

**PLEASE CAREFULLY READ & SIGN CONTRACT. YOUR SIGNATURE(S) INDICATES THAT YOU AGREE TO AND HAVE RECEIVED A COPY OF THE BINDING CONTRACT AND CATALOG.**

**This agreement constitutes a binding contract between the student and Institute of Health Careers, Inc. I understand that final admission is at the discretion of the Director of Education. Likewise, I affirm that the information provided within my application is the truth to the best of my knowledge, and that any misrepresentation will be cause for immediate dismissal. I have read and understood the admission and retention policies for this program and the State of Florida rules, regulations, and laws.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_