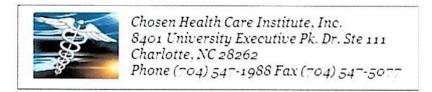
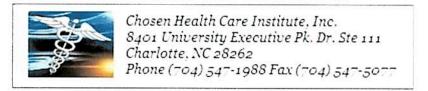
Start Date://	Check one: Day () Evening ()
End Date://	
NAME OF PROGRAM ENROLLING IN:	
Course Hours: (Class:	Lab:)
	ity to review any special cases as well as the right to refuse
	interest of the program and/or the applicant. Enrollment ny enrollment received after will not be accepted.
is due days before the start date of any class. Ar	ly emoliment received after will not be accepted.
Enrollment Requirements:	
✓ Application	✓ Physical Examination from a Primary
✓ Government Issued ID w/Picture	Healthcare Provider
or Driver License	✓ Tuberculosis (TB) Test/Chest X-Ray
✓ Social Security Card	✓ Background Check
✓ Graduated High School/GED Transcript	✓ Drug Test (Pharmacy Tech)
or Graduated College Transcript	✓ Hepatitis B Shot Record (Phlebotomy)
Fees:	
Non-refundable registration fee \$50.00. Program	n for CHCI is \$ Total payment are due prior to
or before the first day of class. The student is re-	sponsible to pay for any and all external examinations if
required for any course. The passing of any exar	mination depends on the student's ability and knowledge
of their course. CHCI is not responsible for the fa	ilure of any external exam from any student.
Refund Policy:	
Refunds will be issued on tuition and fees under	the following circumstances:
A 100% refund shall be made to the student reasons.	if class cancels due to insufficient enrollment or other
Refunds will be calculated from the date of v	vithdrawal, which is the last date of actual attendance.
Written notice of intent to withdraw must be	given to the school director or official.
Students will be allowed to re-enter the prog	gram (if space is available) within three (3) months of the
official withdrawal date at no extra cost.	
No refunds will be made to a student who w withdraw by the school.	ithdraws unofficially or who has been required to
No refunds will be issued for the registration	fee or for textbooks.
No refunds will be issued to a student who w	vas made to withdraw due to misconduct or poor
progress.	•
Applicants Signature:	Date:



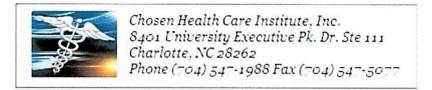
APPLICATION FOR REGISTRATION

Applications are considered without regards to race, religion, nationality, age, or handicap. Start Date: ____/___/ End Date: ____/___/ Check one: Day () Evening () Name of program enrolling In: Course Hours: _____ (Class: ____ Lab: ____) Name: (Last) _____ (First) _____ (Maiden) ____ (Print) Address: _____ Apt ____ City: ____ State: Zip Telephone #: Home: (___) _____ Cell: (___) _____ Work: (___) _____ **Email Address: Emergency Contact:** Address: **Telephone #:** Home: (____) Cell: (____) Work: () Applicants Signature: ______ Date: _____



APPLICATION FOR REGISTRATION (Continued)

Name of High School Attended
Address:
Did you graduate High School or received your G.E.D? YES () NO ()
Did you graduate College? YES () NO ()
Number of years of Education (Circle one): 8 9 10 11 12
High School Graduation Date: College Graduation Date:
*Please provide a copy of High School or G.E.D. Transcript or College Transcript.
Any other educational experience: Are you currently in school?
If yes, Where?
Do you have you ever been convicted of Felony? () YES NO()
If Yes, Explain in detail:
What are your career goals in the next 3-5 years?
Other Information (Health Care Experience)
Applicants Signature: Date:



APPLICATION FOR REGISTRATION (Continued)

TUITION: \$[INCLUDING THE \$ 50.00 REGISTRATION					
FEE (NON-REI	FUNDABLE	Ξ)] ————			
Payment Choice: Cash: Money Order/Cashier Check: (NO PERSONAL CHECKS)					
Registration Fee \$:	Date:	Receipt#:	СНО	CHCI Pep's Signature	
1st Installment S:	Date:	Receipt #:	СН	CHCI Pep's Signature	
2 nd Installment S:	Date:	Receipt #:	СНС	CHCI Pep's Signature	
3 rd Installment S:	Date:	Receipt#: _	СНС	CHCI Pep's Signature	
SOURCE OF PA	YMENT:] WIOA	NextGen	Other:	
Applicants Signat	ture:			Date:	
Witness (School (Official):			Date:	