



Chosen Health Care Institute, Inc.
 8401 University Executive Pk. Dr. Ste 111
 Charlotte, NC 28262
 Phone (704) 547-1988 Fax (704) 547-5077

Start Date: ____/____/____
 End Date: ____/____/____

Check one: Day () Evening ()

NAME OF PROGRAM ENROLLING IN: _____

Course Hours: _____ (Class: _____ Lab: _____)

**Chosen Healthcare Institute Inc. has the authority to review any special cases as well as the right to refuse enrollment to an applicant when it is in the best interest of the program and/or the applicant. Enrollment is due days before the start date of any class. Any enrollment received after will not be accepted.*

Enrollment Requirements:

- | | |
|--|---|
| ✓ Application | ✓ Physical Examination from a Primary Healthcare Provider |
| ✓ Government Issued ID w/Picture or Driver License | ✓ Tuberculosis (TB) Test/Chest X-Ray |
| ✓ Social Security Card | ✓ Background Check |
| ✓ Graduated High School/GED Transcript or Graduated College Transcript | ✓ Drug Test (Pharmacy Tech) |
| | ✓ Hepatitis B Shot Record (Phlebotomy) |

Fees:

Non-refundable registration fee \$50.00. Program for CHCI is \$_____ Total payment are due prior to or before the first day of class. The student is responsible to pay for any and all external examinations if required for any course. The passing of any examination depends on the student's ability and knowledge of their course. CHCI is not responsible for the failure 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 if class cancels due to insufficient enrollment or other reasons.
- Refunds will be calculated from the date of withdrawal, 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 program (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 withdraws unofficially or who has been required to withdraw by the school.
- No refunds will be issued for the registration fee or for textbooks.
- No refunds will be issued to a student who was made to withdraw due to misconduct or poor progress.

Applicants Signature: _____ **Date:** _____



Chosen Health Care Institute, Inc.
8401 University Executive Pk. Dr. Ste 111
Charlotte, NC 28262
Phone (704) 547-1988 Fax (704) 547-5077

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) (Print) (Print)

Address: _____ Apt _____

City: _____ State: _____ Zip _____

Telephone #: Home: () _____
Cell: () _____
Work: () _____

Email Address: _____

Emergency Contact: _____

Address: _____

Telephone #: Home: () _____
Cell: () _____
Work: () _____

Applicants Signature: _____ Date: _____



Chosen Health Care Institute, Inc.
8401 University Executive Pk. Dr. Ste 111
Charlotte, NC 28262
Phone (704) 547-1988 Fax (704) 547-5077

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:** _____



Chosen Health Care Institute, Inc.
 8401 University Executive Pk. Dr. Ste 111
 Charlotte, NC 28262
 Phone (704) 547-1988 Fax (704) 547-5077

APPLICATION FOR REGISTRATION (Continued)

TUITION: \$ _____ [INCLUDING THE \$ 50.00 REGISTRATION FEE (NON-REFUNDABLE)]

Payment Choice: Cash: _____ Money Order/Cashier Check: _____ (NO PERSONAL CHECKS)

Registration Fee \$: _____ Date: _____ Receipt#: _____ CHCI Pep's Signature _____

1st Installment \$: _____ Date: _____ Receipt #: _____ CHCI Pep's Signature _____

2nd Installment \$: _____ Date: _____ Receipt #: _____ CHCI Pep's Signature _____

3rd Installment \$: _____ Date: _____ Receipt#: _____ CHCI Pep's Signature _____

***Payments are strictly according to chosen plan. There is a service charge of \$ 10.00 when payment is made in installments and a late charge of \$25.00 in applicable to each late installment. Failure to pay appropriately will invalidate the contract / result to withdraw from class immediately.**

SOURCE OF PAYMENT:

Personal/Online WIOA NextGen Other: _____

Applicants Signature: _____ Date: _____

Witness (School Official): _____ Date: _____