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: _____/_____/_____ Check one: Day ( ) Evening ( )
End Date: _____/_____/_____

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**
- ✓ **Government Issued ID w/Picture or Driver License**
- ✓ **Social Security Card**
- ✓ **Graduated High School/GED Transcript or Graduated College Transcript**
- ✓ **Physical Examination from a Primary Healthcare Provider**
- ✓ **Tuberculosis (TB) Test/Chest X-Ray**
- ✓ **Background Check**
- ✓ **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 including the non-refundable fee before the start of class if any of the following occurs: CHCI cancels the class, student withdraws, or student is caused to be withdrawn by CHCI before the start of class.
- A 75% refund shall be made to the student if the student officially withdraws on or before the 25% point of the class as defined by the class days here at CHCI. This is excluding the non-refundable fee.
- 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 if class begins.
- 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 issued to a student who withdraws unofficially or who has been required to withdraw by CHCI due to misconduct, poor progress, or for any other valid reason after the 25% point of the class.

Applicants Signature: _____ ***Date:*** _____

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APPLICATION FOR REGISTRATION

Applications are considered without regards to race, religion, nationality, age, or handicap.

Start Date: _____/_____/_____ Check one: Day ( ) Evening ( )
End Date: _____/_____/_____

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:*** _____

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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:***_____

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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** ☐ **CAF** ☐ **NextGen** ☐ **Other:** _____

Applicants Signature: _____ ***Date:*** _____

Witness (School Official): _____ ***Date:*** _____