



HARVARD INSTITUTE OF HEALTH SCIENCES (HIHS)

ENROLLMENT APPLICATION

Website: www.hihsedu.com

Please complete all applicable sections. Incomplete applications may delay the admissions process.

I. PERSONAL INFORMATION

IDENTIFICATION & BIRTH INFORMATION

First Name: Last Name:

Former Last Name (if applicable):

SSN Last 4: Date of Birth: Current Age:

Gender: Male Female Other

CITIZENSHIP & RESIDENCY STATUS

Country of Citizenship: Country of Birth:

Country of Residence: Residency Status: U.S. Citizen Permanent Resident
 Work Permit Holder Other Explain:

CONTACT INFORMATION

Mailing Address:

City: State/Province: ZIP:

Country: Home Phone: Cell Phone:

Email Address: Home Address (if different):

II. EDUCATIONAL HISTORY - PART A

HIGH SCHOOL / SECONDARY EDUCATION

Do you possess a High School Diploma? Yes No

U.S. High School Name: State: Grad Date:

FOREIGN SECONDARY EDUCATION

Foreign School Name: Country: Grad Year:

GENERAL EDUCATION DEVELOPMENT (GED)

GED Holder? Yes No GED Completion Date:

COLLEGE / POSTSECONDARY EDUCATION HISTORY

Have you attended a college, university, or postsecondary institution? Yes No

Did you graduate? Yes No Institution Name:



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II. EDUCATIONAL HISTORY - PART B

COLLEGE / POSTSECONDARY EDUCATION HISTORY - CONTINUED

State: Country: Degree/Certificate Earned:

Program of Study / Major: Graduation Date:

Number of Years Attended: Additional Postsecondary Institution(s):

TRANSFER CREDIT EVALUATION

Are you requesting a transfer credit evaluation? Yes No

Institution(s) for Transfer Credit Review:

PREVIOUS HEALTHCARE TRAINING

Have you previously attended any healthcare-related training program? Yes No

School Name: Program Name:

Dates Attended: Did you complete the program? Yes No

Explanation (if applicable):

PROFESSIONAL LICENSURE & CERTIFICATIONS

Do you currently hold any professional license, registration, or credential? Yes No

License/Certification Name: Number:

Issuing State/Jurisdiction: Expiration Date:

Has any license/certification ever been inactive, suspended, or under investigation? Yes No

If yes, please explain:



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III. PROGRAM OF INTEREST

Please select the program/course(s):

- | | |
|--|---|
| <input type="checkbox"/> NCLEX LPN Review Course | <input type="checkbox"/> CNA Prep / Refresher Course |
| <input type="checkbox"/> NCLEX RN Review Course | <input type="checkbox"/> Hemodialysis Technician Program |
| <input type="checkbox"/> LPN Remediation / Refresher Course | <input type="checkbox"/> Patient Care Technician (PCT) Program |
| <input type="checkbox"/> RN Remediation / Refresher Course | <input type="checkbox"/> Phlebotomy Technician Program |
| <input type="checkbox"/> Pharmacy Technician Program | <input type="checkbox"/> EKG Technician Program |
| <input type="checkbox"/> Medical Assistant (MA) Program | <input type="checkbox"/> Medical Billing & Coding Certificate |
| <input type="checkbox"/> Medical Administrative Assistant | <input type="checkbox"/> Veterinary Assistant Program |
| <input type="checkbox"/> Medical Laboratory Assistant | <input type="checkbox"/> Electronic Health Records (EHR) Specialist |
| <input type="checkbox"/> Insurance Exam Technician | <input type="checkbox"/> Medical Scribe Certificate Program |
| <input type="checkbox"/> Mental Health Technician | <input type="checkbox"/> Physical Therapy Technician Certification |
| <input type="checkbox"/> Nursing Assistant Online Program | <input type="checkbox"/> Continuing Education Units (CEUs) |
| <input type="checkbox"/> Medication Technician (Med Tech) | <input type="checkbox"/> Paralegal Certification Program |
| <input type="checkbox"/> CPR & Continuing Education Training | |

Other:

IV. ADDITIONAL INFORMATION

COMPUTER & TECHNOLOGY LITERACY

Are you able to operate a computer and navigate the internet independently? Yes No

Computer skills: Beginner Intermediate Advanced

HOW DID YOU HEAR ABOUT HIHS?

- | | | | |
|----------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Google | <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> TikTok |
| <input type="checkbox"/> Website | <input type="checkbox"/> Referral | <input type="checkbox"/> Other | |

Other Source:

EMPLOYMENT INFORMATION

Current Occupation: Current Employer:

EMERGENCY CONTACT INFORMATION

Contact Name: Relationship:
Phone Number: Alternate Phone:



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CAMPUS LOCATION SELECTION

Please select the campus location where you intend to enroll:

- Boynton Beach Campus - 1101 North Congress Avenue, Suite 204, Boynton Beach, FL 33426
- Fort Pierce Campus - 1905 South 25th Street, Suite 105, Fort Pierce, FL 34947
- Bradenton Campus - 3001 14th Street West, Suite B, Bradenton, FL 34205

IMPORTANT NOTICE FOR CNA PREP/REFRESHER APPLICANTS

The Certified Nursing Assistant (CNA) Prep/Refresher course is designed solely as a supplemental review and preparation course for individuals seeking to challenge the Florida CNA State Examination. This course is NOT a substitute for the State of Florida's required 120-hour Board-approved CNA training program. Florida law permits candidates to attempt the CNA State Examination a maximum of three (3) times. Candidates who do not successfully pass the examination after three attempts are required to complete a Florida Board-approved 120-hour CNA training program before becoming eligible to test again.

FINANCIAL DISCLOSURES & APPLICANT ACKNOWLEDGMENT

- The \$150 Application/Registration Fee is non-refundable.
- The Seat Reservation Deposit is non-refundable: \$350 for most programs; \$650 for NCLEX Review and RN/LPN Remediation Programs.
- All tuition payments, fees, and other charges due or collected on or after the first day of class or the official program start date are non-refundable.
- Applicants are strongly encouraged to carefully review the Institution's Enrollment Agreement, Cancellation Policy, Refund Policy, Catalog, or Student Handbook prior to enrollment.

By signing this application, the applicant certifies that all information provided is true, accurate, and complete to the best of their knowledge. The applicant further acknowledges that they have read, understood, and agreed to comply with all institutional policies, procedures, tuition obligations, fees, and financial responsibilities.

CERTIFICATION & SIGNATURE

I certify that all information contained in this application is accurate and complete to the best of my knowledge. If applying for the CNA Prep/Refresher course, I acknowledge that I have read and understand the CNA examination policy outlined above.

Applicant Signature:

Date: