Amelia Island Medical Institute LLC
APPLICATION FOR ADMISSION

IMPORTANT: All sections must be completed and submitted with a *$150.00 which are non-refundable due upon registration.* Incomplete applications will not be accepted or processed.

Please print neatly Social Security number _____ _____ _____ - _____ _____ - _____ _____ _____

_____ _____ _____ _____
Last Name First Name Middle Name Maiden

_____ _____ _____ _____ _____
Address City County State Zip Code

_____ _____ _____
Home Phone Cell Phone E-mail Address

EMERGENCY CONTACT PERSON: _____ _____
Print Name Phone Number

Gender: Female _____ Male _____ Date of Birth: _____/_____/_____

This information is used for statistical purposes only and will not be used to determine admission status.

Ethnic Background: American Indian _____ Asian _____ Black _____ Hispanic _____ White _____ Non- resident alien _____

Are you a US? citizen: ____Yes _____No If"No," country of citizenship _____ Date of entry to US _____
Visa type_____ Date issued:_____ Expiration date: _____
Country of origin _____ Are you a resident alien?___Yes ___No Resident alien number: _____
Are you a legal resident of Georgia? _____Yes ___No (A legal resident of Georgia, your must have lived in this state for 12 months)
If "No," of which state are you a legal resident?_____ Is English your first language? _____Yes _____No

---

Programs of Study:

Practical Nursing _____ $12,500.00

Workshops:

CNA refresher _____$450.00
Phlebotomy Workshop_____ _$650.00
EKG Workshop _____ $650.00
Medical Assistant Workshop_____- $1750.00
Insurance Exam Tech Workshop _____- $650.00

Class Start Date: _____ DAY _____ EVENING _____ Online_____

High School attended: _____ Highest grade completed: _____ Year graduated: _____
GED year received: _____

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulation of Amelia Island Medical Institute LLC.

_____ _____
Signature **Date**

Office use

Books:

STATEMENT OF GENERAL HEALTH

It is the policy of Amelia Island Medical Institute LLC that students seeking enrollment at the institution must submit a statement of general health. This is a requirement of enrollment.

Please complete the following documentation. This statement will become a part of your permanent school record. This statement must be in your file prior to the start of your class.

_____, _____ _____
(Last Name) (First) (Middle Initial)

By signing below the student is acknowledging that they are in general good health.

_____
Student Signature

_____
Date

CONFIDENTIALITY STATEMENT

As a student of Amelia Island Medical Institute LLC, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to. I am also aware that I am responsible for the legal penalties, which may be assessed for unauthorized disclosure.

_____ _____
Student Signature Date

LETTER OF GUARANTEE

I _____ agree to have all tuition and fees paid in full (zero balance) before I register for my state and or national exams. I also agree to any legal and collections costs and expenses in the event of the default of the Letter of Guarantee for Payment, including, but not limited to, all attorney and legal fees. This agreement in entered into voluntarily by the above-mentioned parties, and it is not to be replaced nor supplemented by any other payment agreement. For additional information on this matter please contact the **AIMI Administration, at 904-252-5018**

_____ _____
Student Signature Date

Payment Arrangements

I, ____, agree to the terms agreed below for the ____________________
(Students Name) (Program)

Total Class ______________________________________

Deposit_______________________________

Weekly or Bi weekly Payments __________________

I agree that there will be a $50.00 late fee for weekly payments and a $100.00 fee for Bi weekly late fee payments.__________
Initials

Each student has an individualized payment arrangement plan that has been agreed upon between staff and student.

I agree that until all fees have been paid you will not receive documentation of completion to sit for NCLEX.

Student Signature _____________________________ DATE: ___________________

DATE	Payment Type	Payment Amount	Balance