

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, you 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 is 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

