

**BREATH OF LIFE TRAINING LLC**  
**APPLICATION FOR ADMISSION**

**IMPORTANT: All sections must be completed and submitted with a \$150.00 which is 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

