

INTERNATIONAL INSTITUTE FOR HEALTH CARE PROFESSIONALS, INC.

600 South Dixie Hwy.
Suite 211
Boca Raton, Fl. 33432
561-394-5822 Fax: 561-394-5742
1-800-394-5822



INSTITUTION INFORMATION AND ADMISSION PACKET FOR INTERNATIONAL STUDENTS

ADMISSIONS

TERM

____ 2010 January 5
____ 2010 April 5
____ 2010 July 5
____ 2010 October 4

INTERNATIONAL INSTITUTE FOR
HEALTH CARE PROFESSIONALS, INC.
WWW.IIHCP.COM

Contact us at:
600 South Dixie Hwy.
Suite 211, Boca Raton, Fl. 33432
E-mail: iihcp@bellsouth.net
Tel: 1-561-394-5822 Fax: 1-561-394-5742
1-800-394-5822

Thank you for your interest in attending International Institute for Health Care Professionals. The attached packet contains very important information regarding your admission to the institution. Please read all of the information very carefully. If you have any questions, do not hesitate to contact the Office, and they will be happy to assist you. The checklist below reviews all of the necessary forms and paperwork that must be submitted prior to the issuance of the I-20. Once all required documents have been received, the I-20 will be completed within four (4) weeks. PLEASE ADHERE TO TERM DEADLINES.

The following documents are required to complete the application process:

1. APPLICATION FOR ADMISSION TO INTERNATIONAL INSTITUTE FOR HEALTH CARE PROFESSIONALS

- This form must be completed in pen (blue or black ink).
- A \$210 check or money order in U.S. currency must be submitted with your first application for admission. The application fee is non-refundable.
- Make sure you have indicated the program of study you wish to pursue at the institution.
- An incomplete application and/or missing required documents will delay the admissions process.

2. CONFIDENTIAL BANK LETTER OF FINANCIAL RESOURCES

Please provide us with an official bank letter on bank stationery and addressed to International Institute for Health Care Professionals indicating that you or sponsor has bank funds of at least an equivalent of \$7,600* In American dollars, and this money is to be used to support you while you study at IIHCP. [See Sample bank letter] If the student's name is not on the official bank letter, an additional notarized support letter will be required from the sponsor. The support letter from your sponsor must indicate your name, use of these funds for your expenses at IIHCP, signature, address of sponsor and notary seal.

If the bank is in the United States, this bank letter must be notarized by the bank official. If the bank is outside of the United States, this letter must be certified authentic (notarized) by a bank official from that bank, be written in English and note U.S. dollar equivalents. The bank letter must be dated not more than six (6) months prior to the term deadline date. Acceptable sources of financial resources are savings accounts, checking accounts, money market accounts and certificates of deposit.

3. OFFICIAL DIPLOMAS, CERTIFICATES AND TRANSCRIPTS:

High school graduates only-Please submit your original high school transcripts (record of your classes and all grades) and your diploma/graduation document.

University or college students who have not as yet earned college degrees-High school documents may be required.

University students and those with a college degree-Submit original transcripts. Acceptance of transfer courses are subject to approval by the Institution,

All original documents must be official and so designated with appropriate seals and signatures. An official English translation is required for each document.

4. ENGLISH LANGUAGE REQUIRED

If English is not your native language, you are required to present an English language placement test score, such as TOEFL or the ACT/ESL. For more information regarding TOEFL, visit www.ets.org/toefl/ or write to TOEFL, Box 899, Princeton, NJ 08541, USA.

5. PASSPORT, I-94, AND I-20:

A copy of your passport's biographical page is required. If applying for admission within the United States, please provide a copy of your passport biographical page and I-94 card or document.

If transferring from another educational institution in the United States, a copy of the I-20 from your current institution and a completed International Institute for Health Care Professionals Transfer Eligibility form is required.

If applying from outside of the United States, upon arrival you must provide proof of a valid passport, processed I-20 and I-94 card.

6. **HEALTH AND ACCIDENT INSURANCE COVERAGE:

Students must have health insurance coverage prior to registering for courses. The coverage must be for a full year, and it must be renewed each year in order for a student to register for courses.

BANK LETTERHEAD

Date

International Institute for Health Care Professionals
600 South Dixie Hwy.
Suite 211
Boca Raton, Fl. 33432

Re: Student's Name

Dear Sir/Madam:

At the request of our customer _____SPONSOR'S NAME_____ whose local address is _____SPONSOR'S ADDRESS_____, it is our pleasure to inform you of their banking relationship with our bank.

___SPONSOR'S NAME_____ has had accounts with our bank since ___DATE_____, and has maintained their accounts in good standing. This account currently has a minimum balance equivalent TO \$7,600 U.S.

___SPONSOR'S NAME___ will be providing tuition and living expenses for ___STUDENT'S NAME___ while his/her ___RELATIONSHIP_____ is attending International Institute for Health Care Professionals, in the amount of \$7,600.

This letter is provided on behalf of our customer and without liability to the bank and its staff.

Sincerely yours,

BANK OFFICIAL SIGNATURE

OFFICIAL SEAL

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INSTITUTION PROGRAMS

- English as a Second Language
- Nursing Assistant
- Electrocardiogram Technician
- Home Health Aide
- Medical Assistant
- Medical Office Receptionist
- Mental Health Technician
- Patient Care Technician
- Phlebotomy Technician
- Massage Therapy
- Surgical Technician
- Sterile Processing Technician
- Colon Therapy
- Therapeutic Massage
- Direct-Entry Midwifery-3 years
- 2 years Midwifery-(Registered Nurse)
- Four Month Midwifery-(Foreign
Midwives/ Foreign OB/GYN)
- Nclex LPN Review
- Nclex RN Review

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NON-FLORIDA RESIDENT AND INTERNATIONAL STUDENT EXPENSE INFORMATION

The following information is provided concerning matriculation fees, tuition and an estimate of living expenses for full-time International applicants. International students must have sufficient finances to cover all living and educational expenses incurred while at International Institute for Health Care Professionals as verified by a certified financial statement. Funds must also be available on a continuous basis to assure adequate financing during the student's entire educational stay in the United States.

The institution does not provide student housing, and students should arrive at Boca Raton one month prior to the first day of classes to allow time for testing, registration and to locate suitable housing in the Boca Raton area. Students should be prepared to pay three months rent in advance at the time housing is located in Boca Raton. Health insurance is required for all international students. The estimated cost is \$520 annually (Health insurances cost is not included in the following information).

Matriculation Fees and Non-Resident Tuition (Estimate)
Textbooks, Supplies, Special Fees (Estimate)
Total Educational Expenses
Housing, Food and Local Transportation * (Estimate) \$1,100 monthly
Personal (Estimate)
Total Living Expenses

Address _____
STREET AND BUILDING

CITY STATE/PROVINCE POSTAL CODE HOME PHONE

PHONE (CELLULAR) EMAIL

Please provide the following race/ethnic data. This information is requested on a voluntary basis by the U.S. Department of Education (Check all that apply). (This information will not affect your admission to the institution)

Race: American Indian Or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other

Ethnicity: Hispanic Non-Hispanic

PLEASE INDICATE YOUR NATIVE LANGUAGE ENGLISH
 OTHER- PLEASE INDICATE _____

MY FAMILY WILL ACCOMPANY ME (complete section 5)

For office use only: Date _____ Staff initials _____ Note _____

(PLEASE COMPLETE ALL SECTIONS AND SIGN YOUR APPLICATION)

2. ENROLLMENT INTENTIONS

I WILL ATTEND INTERNATIONAL INSTITUTE FOR HEALTH CARE PROFESSIONALS BEGINNING:

MONTH _____ YEAR _____ INDICATE TERM FALL SPRING SUMMER

PREFERRED LOCATION BOCA RATON

3. DEGREE AND PROGRAM SELECTION

- English Language Institution
- Nursing Assistant
- Electrocardiogram Technician
- Home Health Aide
- Medical Assistant
- Medical Office Receptionist
- Mental Health Technician
- Patient Care Technician
- Phlebotomy Technician
- Massage Therapy
- Surgical Technician
- Sterile Processing Technician
- Colon Therapy
- Therapeutic Massage
- Direct-Entry Midwifery- 3 years
- 2 years Midwifery- (Registered Nurse)
- 4 Month Midwifery-(Foreign Midwives/ Foreign Ob/Gyn)
- Nclex RN Review
- Nclex LPN Review

I INTEND TO COMPLETE THE FOLLOWING PROGRAM _____

SELECT FROM PROGRAM LISTING

TOEFL SCORE (IF AVAILABLE) _____ (PLEASE SUBMIT THE OFFICIAL SCORE TRANSCRIPT WITH YOUR APPLICATION)

4. EDUCATIONAL HISTORY

Please provide a chronological record of your attendance, beginning with Secondary/High School. Write the name of any examinations passed, or of certificates, diplomas, or degrees earned such as Certificate of Education, Bachillerato, Abitur, Maturita, Baccalaureate, Studentereksamon, etc. using the terminology of the educational system.

High School/Secondary Information

NAME	COUNTRY	CERTIFICATES/DIPLOMAS/DEGREES	DEGREE COMPLETED OR CREDITS EARNED

College/University Information (Official/Original English Language Translation of Document Required)

NAME	COUNTRY	CERTIFICATES/DIPLOMAS/DEGREES	DEGREE COMPLETED OR CREDITS EARNED

5. DEPENDENT INFORMATION

Please provide the following documents: passport biographical page for each dependent, marriage certificate for spouse and birth certificate for each child, and provide additional \$1, 500.00 in financial support per dependent.

Spouse _____
 LAST NAME FIRST AND MIDDLE NAME COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP

 DATE OF BIRTH
 MONTH/ DAY/ YEAR

Child _____
 LAST NAME FIRST AND MIDDLE NAME COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP

 DATE OF BIRTH
 MONTH/ DAY/ YEAR

Child _____
 LAST NAME FIRST AND MIDDLE NAME COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP

 DATE OF BIRTH
 MONTH/ DAY/ YEAR

CONDUCT AND CERTIFICATION STATEMENTS

Have you ever been incarcerated or convicted of a felony, or have you experienced disciplinary problems at another educational institution?

YES NO If yes, please submit a written statement detailing the circumstances to the dean of students for review prior to admission to International Institute for Health Care Professionals. This information will be handled confidentially.

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the Students' Rights and Responsibilities Handbook, available at the Front Office, and all other rules, regulations and policies of International Institute for Health Care Professionals. I agree that if my records are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes without a refund of any fees paid.

*SIGNATURE REQUIRED
 SIGNATURE OF APPLICANT _____ DATE _____

INTERNATIONAL INSTITUTE FOR HEALTH CARE PROFESSIONALS IS AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION WHICH DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, COLOR, DISABILITY, NATIONAL ORIGIN, MARITAL STATUS, RELIGION, AGE OR VETERANS STATUS.