



International Institute for Health Care Professionals, Inc.

6870 North Federal Highway

Boca Raton, FL 33487

Ph:(561) 394-5822 Fax: (561) 394-5742



INFORMATION AND ADMISSIONS



6870 North Federal Highway,
 Boca Raton, Florida 33487
 Phone: (561) 394-5822
 Fax: (561) 394-5742

Thank you for your interest in attending International Institute for Health Care Professionals. This packet contains 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 for assistance. Please fill out this form, and then email it to: admissions@iihcp.edu

The following documents are required to complete the application process:

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

2. OFFICIAL DIPLOMAS, CERTIFICATES AND TRANSCRIPTS:

Proof of high school graduation is required for admission. Please submit your original high school transcripts and your diploma/graduation document.

University or college students who have not 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.

3. ENGLISH LANGUAGE PROFICIENCY REQUIRED

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

4. 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 must be renewed each year in order for a student to register for courses.

MIDWIFERY PROGRAMS OF STUDY

- 3 year Direct-Entry Midwifery
- 2 year Midwifery for Nurses

STUDENT EXPENSES

PROGRAM COSTS

SCHOOL OF MIDWIFERY				
	Total Tuition	Reg fee	Lab Fees	Total Cost
2-yr Midwifery for RN	\$15,430.00	\$ 150.00	\$ 800.00	\$16,380.00
3-yr Midwifery AS	\$26,000.00	\$ 150.00	\$ 800.00	\$26,950.00

Other Educational Expenses

Textbooks & Supplies (estimated) \$500 per semester

Physical Exam, TB test, Drug Screen, Background Check: student responsibility

NARM Board Exam: \$1100

Florida LM Licensing Fee: 2-yr and 3-yr graduates: \$705

**Please note that your estimated total Cost of Attendance per academic session includes the Tuition for your program, estimated cost of textbooks, supplies, and laboratory/special fees.*



6870 North Federal Highway,
Boca Raton, Florida 33487
Phone: (561) 394-5822
Fax: (561) 394-5742

ADMISSION APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK ALL INFORMATION ON THIS APPLICATION

- NEW ADMISSION
- PREVIOUSLY ENROLLED IIHCP STUDENT --- IIHCP STUDENT I.D. _____
- TRANSFERRING IN FROM ANOTHER INSTITUTION
TRANSFERRING FROM _____

1. Personal Information

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH _____ GENDER FEMALE MALE

Address _____
STREET

CITY

STATE

ZIP CODE

COUNTRY

PHONE

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 _____

2. ENROLLMENT INTENTIONS

I WILL ATTEND INTERNATIONAL INSTITUTE FOR HEALTH CARE PROFESSIONALS BEGINNING:

MONTH ___ YEAR ___ INDICATE TERM FALL SPRING SUMMER

3. DEGREE AND PROGRAM SELECTION

I INTEND TO COMPLETE THE FOLLOWING PROGRAM:

- 3 year Direct-Entry Midwifery
- 2 year Midwifery for Nurses



6870 North Federal Highway,
 Boca Raton, Florida 33487
 Phone: (561) 394-5822
 Fax: (561) 394-5742

EDUCATIONAL HISTORY

Please provide a chronological record of your attendance, beginning with High School. Write the name of any examinations passed, or of certificates, diplomas, or degrees earned

High School/Secondary Information

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

College/University Information

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

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, CREED, COLOR,SEX, AGE, DISABILITY, GENETIC INFORMATION, GENDER IDENTITY, GENDER EXPRESSION, NATIONAL ORIGIN, MARITAL STATUS, RELIGION, AGE OR VETERANS' STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.