



**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**



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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](mailto: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](http://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 PROGRAM OF STUDY**

- 3 year Direct-Entry Midwifery Associate of Science

**STUDENT EXPENSES**

PROGRAM COSTS

<b>SCHOOL OF MIDWIFERY</b>				
	<b>Total Tuition</b>	<b>Reg fee</b>	<b>Lab Fees</b>	<b>Total Cost</b>
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: \$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.*



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## 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



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### 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.