



6870 N Federal Highway
Boca Raton, Fl. 33487
E-mail: iihcp@bellsouth.net
Tel: 1-561-394-5822
1-800-394-5822
Fax: 1-561-394-5742

ADMISSION APPLICATION

SELECT YOUR DEGREE PROGRAM

- Associates Degree in Nursing Therapeutic Message
 Practical Nursing Three Year Direct Entry Midwifery
 Surgical Technician Midwifery Program Modified for Registered Nurses
 4 Month Pre-Licensure Midwifery Program _____

APPLICATION SECTION

Date: _____

Applicant Name: Last _____ First _____ Middle _____

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Date of Birth: _____ Social Security: _____ Gender: Female Male

Race: American Indian or Alaskan Native Asian or Pacific Islander Black White Hispanic

Country of Birth: _____

Educational History:

High School/Secondary Information

School	Location	Completion Dates	Degrees
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College/University Information

School	Locations	Completion Dates	Degrees

Send official transcripts to the Admission Office,

International Institute for Health Care Professionals, Inc.
 6870 N Federal Highway
 Boca Raton, Fl. 33487

PROVIDE STATE AND LICENSE NUMBER(S):

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, Inc. This information will be handled confidentially.

SIGNATURE SECTION

The statement and information furnished by the undersigned in this application form are true and complete.

Our signatures certify that we have read and agree with the above statements.

Signature of Student _____ **Date:** _____