



7826 Eastern Avenue, suite 515, ♦ Washington, ♦ DC 20012 ♦ Phone (202) 722-8830 ♦ Fax (202) 722-8831

CHI ENROLLMENT AGREEMENT FOR PRACTICAL NURSING

PERSONAL INFORMATION:

Date: _____
 Session: Day / Eve.

Name: _____
 Last First M.I.

S.S. No.: _____ - _____ - _____

Address: _____
 Street Apt. #

_____ City State Zip Code

Phone (H): _____ - _____ - _____

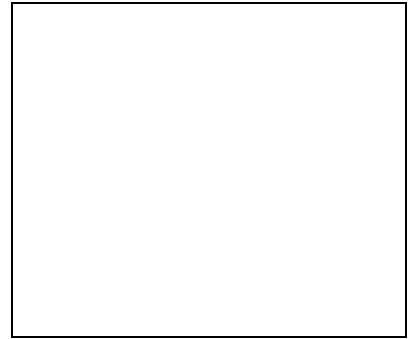
Phone (Cell): _____ - _____ - _____

Date of Birth: ____/____/____

Sex: Male _____ Female _____

Are you a U.S. Citizen? Yes _____ No _____

If no, Country of Citizenship _____



EDUCATIONAL INFORMATION:

EDUCATION	INSTITUTE NAME	CITY/COUNTRY	DATES ATTENDED	DEGREE / DATE
HIGH SCHOOL / GED				
POST-SECONDARY				
COLLEGE / UNIVERSITY				
PRACTICAL NURSING SCHOOL				

WORK EXPERIENCE:

INSTITUTION / FACILITY NAMES & ADDRESS	POSITION / TITLE	DATES EMPLOYED

Write a **paragraph** explaining why you want to become a Practical Nurse?

How do you hear about us? Please check whichever one that apply.

TV Ad: _____

Friend: _____

Other: _____

The student agrees to abide by CHI withdrawal and Refund Policy:

Period from First Day of Classes	Refundable Percentage
One week or less	70%
Second weeks	50%
Third weeks	30%
Four weeks	No Refund

The student agrees to abide by the attendance policy:

- a. Ninety percent (90%) is required for all classroom time
- b. Ninety five percent (95%) is required for all clinical time

Application fee \$75.00 (non-refundable) is due at the time of admission interview.

I certify that the information I gave in this application is true and correct to the best of my knowledge, knowing that withholding or misrepresenting information may result in my dismissal from the program. If admitted, I agree to abide by the policies and procedure of Capital Health Institute School of Practical Nursing.

Applicant's Signature: _____ Date: _____

Admission Officer: _____ Date: _____