



www.ihmhealthstudies.edu

APPLICATION FOR TRAINING PROGRAMS

2500 Abbott Place
 St. Louis, MO 63143-2636
 Tel.: (314) 768-1234
 Fax: (314) 768-1595

Please print legibly or type all information below

Program Name: _____ **Course #:** _____ **Start Date/Time:** _____

Are you enrolling in a degree seeking program? Yes No

If enrolling in a refresher program, are you refreshing for: Initial Licensure Relicensure Re-entry

How did you hear about us? (Please circle all that apply) Code 3 Web Site Brochure Friend/Family Yellow Pages EMS Room
 Fire Department AHA Nursing News Career Center High School Other _____

PERSONAL DATA (Please circle one gender and one ethnic origin):

Male White, Non-Hispanic Black, Non-Hispanic Native American, Alaskan
 Female Asian Hispanic Surname Non-Resident Alien Possessing Visa

Last Name		First Name		Middle Initial	
Present Street Address					
City, State, Zip					
Home Phone Number			Work Phone Number		
Date of Birth			Pager/Cell Number		
Social Security Number			E-Mail Address		

CURRENT EMPLOYER (please circle employer designation) EMS Police Fire Service Other

Company Name	
Address	
Telephone Number	
Position Held/Title	
Is your employer paying: Registration Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, P.O. # _____	

EDUCATION DATA

Description	Name of Training Entity/Location	Degree/Diploma Issued/Date
College/Vocational		
EMS Training		

CURRENT LICENSURE (Please circle licensure designation) EMT EMT-Paramedic LPN RN MD

License Number _____ Expiration Date _____

REGISTRATION FEES:

CEU 1 Day Classes	\$ 10.00	CEU 2 Day Classes	\$ 25.00
EMT- Basic	\$ 50.00	Paramedic	\$ 35.00 Per Semester
EMT-B Refresher, EMT-P Refresher, EMD	\$ 25.00		

CREDIT CARD INFORMATION I authorize the charge of this amount \$ _____

(Please circle card type) Visa Mastercard Discover American Express Bank Card	Number: _____	Signature: _____ _____
	Expiration Date: _____	
	Please include 3 digit security code on the back of the card for ALL credit cards. _____	

I hereby certify that my answers to the above are true, and I understand that any information withheld or falsely provided by me in connection with the foregoing application will subject me to immediate dismissal. I hereby authorize IHM Health Studies Center, without liability, to contact prior employers, and authorize said employers to make full response to any inquiries by IHM in connection with this application. I also authorize IHM to release, without liability, any information about me which has been provided in connection with this application. I further agree to abide by all rules and regulations of IHM Health Studies Center. If cancellation occurs within three business days of receipt of application and application fee, the student may receive a total refund of all monies paid to IHM.

In consideration for being granted permission to train with Abbott Ambulance, Inc., ("ABBOTT") d/b/a IHM Health Studies Center ("IHM"), for the sole purpose of completing requirements for the training program, I, the above named applicant, do indemnify, hold harmless, release, and discharge both ABBOTT and IHM, and all its directors, officers, employees, agents, and assigns from all liability to me, my employer, assigns, heirs, executors, and personal representatives now and forever, for any and all claims, losses, or liabilities, by reason or on account of injury to myself, loss of property, or which arise as a result of my actions, conduct, or performance, whether it be accidental, intentional, or negligent while I am participating in an IHM training program, including, but not limited to, such times that I may be on any portion of IHM's premises or property of an affiliate or facility known furthermore as a "Clinical Site".

In addition, I, the above named applicant, promise to pay to the order of IHM Health Studies Center all contractual costs in association with the training program for which I have applied. If a payment plan is established I understand the terms of my agreement and this debt is considered a student loan and I will be responsible for repaying this debt even if I file bankruptcy. Monthly installment payments are due on the 25th of each month from the original date of issuance until the balance is paid in full. A late charge of \$25 will be assessed for any payments received 10 or more days past the monthly due date. I understand that any amounts more than thirty (30) days overdue will be subject to a 1.25% monthly finance charge (15% per annum). I agree to pay all costs of collection, including attorney's fees and court costs, if collection action is necessary. A \$25 fee will be charged for each returned check. All tuition, fees, and outstanding debts must be paid in full before the course completion certificate is issued to the student.

Requests for withdrawals must be submitted in writing to the Registrar. Requests for cancellation prior to class start date may be made by telephone if received prior to registration deadline; after deadline, in writing to the Registrar. Calculation of refunds is based on last recorded date of attendance, less any unpaid charges owed and all applicable administrative fees. The following administrative fees will be assessed on all programs in excess of four contact hours: 1) requests for transfer from one program class to another at \$35/occurrence; and 2) requests for cancellation at \$50/occurrence. I further certify that I have read and understand the foregoing paragraphs, and herewith knowingly make this authorization by setting forth my signature below. I understand that if the school does not accept my application or if I cancel within three days (excluding Saturdays, Sundays and holidays) of signing the enrolment agreement I am entitled to a full refund of all monies paid to IHM.

Signature of Applicant

Date

IHM Health Studies Center is accredited by the; American Medical Association Commission on Accreditation of Allied Health Education Programs (AMA-CAAHEP); the Missouri Department of Health, Unit of Emergency Medical Services (UEMS); certified to operate by the Missouri Coordinating Board for Higher Education; and approved by the Missouri Department of Elementary and Secondary Education for the Job Training Partnership Act (JTPA); Veteran's Administration (VA); and Vocational Rehabilitation. IHM is a member of the Missouri Emergency Medical Services Association (MEMSA); the Long Term Care Educators Association (LTCE); the National Safety Council; the National Association of Emergency Medical Services Educators (NAEMSE); the Council on Recognition of National Accrediting Agencies (CRNAA); the National Association of Emergency Medical Technicians (NAEMT); and the Association of Veterans Education Certifying Officials (AVECO).

Did you:

- ✓ Complete the Program Name, Start Date and Time information?
- ✓ Sign and date the application?

COMPLETED APPLICATION MAY BE:

MAILED or TAKEN TO: IHM Health Studies Center
 2500 Abbott Place
 St. Louis, MO 63143

EMAILED TO: info@ihmhealthstudies.edu

FAXED TO: 314-768-1595

For Office Use Only

Date Reg.	_____
Acct.#	_____
Inv# Class & fee	_____
Inv# Book & fee	_____
Letter :	Sent Rec'd
Book :	Sent Rec'd
FA:	Check Cash CC
Tuition:	EXC REM: 50% 100%
Payroll Ded:	50% 100%
OTH:	SLM VA VocReh WIA
Employer Pay	
Initials	_____
Date	_____