



ADMISSION APPLICATION

VITAL HEARTS LLC

731 South Pear Orchard Road, Suite 8

Ridgeland, MS 39157

Phone: 601-473-1950

General Email: vitalheartslc@yahoo.com

Website: www.vitalheartslc.org

School Director: Jessica Willis-Ridgeway

NOTE: A non-refundable registration fee of \$95 is required at the time of registration. Before registering, we recommend speaking with a staff member to address any questions, take a tour of the facility, and meet with the Director or other staff members. If you do not receive a payment receipt after completing your payment, please get in touch with the Director.

Date of Application: _____

Application Number: _____

PROGRAM INFORMATION			
✓	Program	Tuition	Length
	Nurse Assistant (Traditional or Hybrid)		
	Phlebotomy Technician (coming soon...)		
	Patient Care Technician (coming soon...)		
	EKG Technician (coming soon...)		
	Medical Assistant (coming soon...)		

****A 4.5% convenience fee will be added to the overall tuition for all payment plans.**

STUDENT INFORMATION			
First Name:		Middle/Maiden Name:	Last Name:
Street Address:		City	State Zip:
Mailing Address: (if different from above)			
Email Address:			
Phone: (enter 10 digits #)		Alternate Phone: (enter 10 digits #)	
Emergency Contact: (full name)		Phone:	
Ethnicity:		County:	Sex:
Date of Birth (mm/dd/yyyy)		Last 4-digits of SS# XXX-XX- _____	
How did you find out about our company?	Do you have reliable transportation? Yes or No	Have you toured the entire facility? Yes or No	Have you met the staff? Yes or No
Who conducted your facility tour?		Date:	Time: Student Initials: Staff Initials:
Are you able to provide proof of citizenship? Yes or No		Do you require accommodation? If you answered yes, how so?	

CAREER INFORMATION

Have you been certified and/or held a professional license before: Yes or No?

If you answered yes, when: _____ State: _____ City: _____ Lic# _____

Current Occupation:

Place of Employment:

City/State:

Zip:

How long have you been employed at your current employer?

Previous Employer (if less than two years)

City/State/Zip:

Years: Months:

Are you interested in receiving information about employment opportunities from employers we partnered with upon graduation?

What type(s) of facilities do you prefer to work at?

What type(s) of schedule do you prefer to work?

Why do you want to be accepted into the Vital Hearts Allied Health Training Program?

What days and times (s) do you prefer to attend class?

What are your other two choices if your class is unavailable:

- 1.
- 2.

What is your learning style? Circle all that apply:

- Kinesthetic (hands-on), Auditory (listening), Visual (images, charts, diagrams), Interpersonal (peer-to-peer, groups, 1:1 instructor), Independent (alone).

Do you have a resume? Yes or No

If you answered no, do you need assistance with resume creation or revision? Yes or No

Do you have a professional headshot (picture)?

ADDITIONAL INFORMATION

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High School Name: From: To: Did you graduate: Yes or No Circle: Diploma, GED, Other	College Name: From: To: Did you graduate: Yes or No Circle: Diploma, GED, Degree,	Other Name: From: To: Did you graduate: Yes or No Circle: Diploma, GED, Other
Do you have experience in the healthcare field? If yes, please elaborate.		
If you previously obtained a nurse aide certification or professional license, are there any adverse findings with the registry? If so, please explain.		
Have you ever been convicted of a crime? If so, please elaborate. The applicant must pass a background screening successfully before and/or during working in any long-term care facility for program acceptance. Circle One: Yes or No Initials: _____ Explanation (if you answered yes):		
Will Vital Hearts be allowed to film or take photos for use in internet publications, brochures, advertisements, social media, websites, or promotional materials? Do you consent to have these images posted in the media? Your response will not affect acceptance: Yes or No Initials: _____		
Do you have pending charges? Circle One: Yes or No Initials: _____ If yes, please explain:		
I understand adverse information on criminal background checks does hinder an individual from obtaining employment and may also hinder an individual from participating in a clinical rotation in some facilities. Circle One: Yes or No Initials: _____		
I understand that this registration fee is Non-Refundable. Circle One: Yes or No Initial: _____		

TUITION FEE AND PAYMENT PLAN

Students are encouraged to pay their tuition in FULL to avoid future payment problems. How do you plan on paying the tuition fee in the amount of \$_____? Please circle one option listed below and initial.

Date: _____ Option Choice: _____

A. Pay in full today using one of the following payment options:

1. Cash/ Check
2. Credit Card
3. PayPal
4. Payment App (Apple Pay, Venmo, Zelle, or Cash App)

B. Sponsored:

A sponsor will be paying the tuition fee (e.g., Employer, Agency): Sponsor Name: _____

C. Loan:

A finance company will be paying the tuition fee. If so, what company: _____

D. Payment Plan:

Prior approval from the Director must be received before selecting the "Payment Plan" option.

Students must be able to show their ability to pay the remaining balance on the due date. Fifty (50%) percent of your total balance is due when you sign your "Enrollment Agreement." The remaining balance is due in full approximately (3) three days before the beginning of your skills lab. Any default on the payment plan is a violation of your Enrollment Agreement, will be the basis for dismissal from the course and/or not receiving a certificate of completion, and prevent the student from continuing the course. **NO EXCEPTIONS.**

Selecting this option requires students to be prepared to pay their balance on time. If payment(s) are accepted after the due date, a \$40 late fee will be applied to the overall balance. Late payments are accepted at the discretion of the Director. The student account will be terminated after (3) three consecutive days (72 hours) of non-payment. This includes holidays and weekends.

Program tuition fees, acknowledgment, and student agreements:

I acknowledge the cost of my tuition and understand that the registration fee is nonrefundable. I accept responsibility for the cost of my certification exam. I agree to pay my tuition balance in the full 3 days before Skills begins. I understand that if my tuition is not paid in full, I will be ineligible to take the board certification exam, will not graduate, and will not receive a certificate of completion until all financial obligations are met. Additionally, if I choose the payment plan option or split my tuition payment in half, a 4.5% administrative processing fee will apply.

TERMS AND CONDITIONS

I _____ accept and understand the terms and conditions of this application. I certify I have read and answered all questions truthfully. I am also signing this application of my own free will. I understand that if I have any questions or am confused about any portions of this application, I need to speak with the Director or an authorized staff member at Vital Hearts LLC before signing.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Authorized Signature: _____ Date: _____ Agent#: _____

**FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE**

Required Items:

- Student paid registration fee
- Student paid tuition in full
- Student paid down payment (50% of tuition amount)
- Student completed all paperwork
- Student is missing the following:
- Student submitted a copy of unexpired driver's license

Payment type:

- DC/CC
- Student Loan
- WIOA
- Check (ck# _____)
- After Pay
- PayPal
- Other _____

Acceptance Status:

- Accepted
- Denied.... Reason: _____
- Waiting List

Amount Paid: _____ **Date:** _____

END OF APPLICATION