

INTERNATIONAL INSTITUTE OF THE AMERICAS ACKNOWLEDGMENTS PAGE

I _____ acknowledge, by reading, accepting and validating same with my signature, the following:

REQUIREMENTS FOR ADMISSION - ALL:



A representative has explained the requirements for admission.

I certify that I DO NOT have a high school diploma or GED. _____

I certify that I have a high school diploma _____ or a GED _____, which I received in _____/_____.

If applicable, I understand that as an student, I must have proof of GED completion before re-enrolling or being enrolled in upper division course work.

ABILITY TO BENEFIT:



Student is being admitted to the institution without having a high school diploma or equivalent in accordance with Federal Guidelines 668.32 (Student Assistance General Provisions) Ability to Benefit. As the student is not enrolled in elementary or secondary school and has achieved a score of _____ on the CPAt, the student has demonstrated the ability to benefit from the education or training offered in the program chosen, and is thereby admitted as a regularly admitted student.

Student is to complete their GED test within 90 days of the start of their program. The student understands that a GED must be obtained before an International Institute of the Americas (diploma or degree) may be presented.

DETENTION and SECURITY/JUSTICE ADMINISTRATION PROGRAMS:



I certify that I have NOT been convicted of a felony or felony act that resulted in a plea bargained misdemeanor and understand that a prior criminal record or adverse military record could preclude me from employment with a state, federal, city, county, or private institution.

MEDICAL PROGRAMS:

PHLEBOTOMY/INJECTION DISCLAIMER



I agree not to hold International Institute of the America, its employees or students liable for services performed on me by students for the purpose of education and training under the supervision of the Extern Coordinator and /or Instructor. All medical students are expected to participate in both the administration of injections/phlebotomy and the receipt thereof.

PREGNANCY



I agree that if I am or become pregnant I will get a written permission slip from my attending physician to actively participate in all activities at the training site.

IN WITNESS THEREOF, I agree to the terms of this agreement as stated.



Signature Dated this _____ day of _____, 20____



Witnessed By Dated this _____ day of _____, 20____

For medical students under eighteen (18) years of age, this must be witnessed by a parent or legal guardian.

Parent/Legal Guardian Signature Dated this _____ day of _____, 20____