



## Sleep Consultant Course

### **Application Tips and Checklist:**

National School of Sleep Medicine is proud to offer the best in education for sleep technologist. National School of Sleep Medicine Sleep Consultant program is associated with National Sleep Solutions, Inc which is accredited by the American Association of Sleep Medicine (AASM). Our comprehensive six-week program of study includes online classes. The following is a tool to help guide you through the application process. Please check off the steps as you complete them. If you have any additional questions, please contact us at 1-888-884-9493 ext. 705 or [admissions@nationalschoolofsleepmedicine.com](mailto:admissions@nationalschoolofsleepmedicine.com)

*National School of Sleep Medicine Program is an equal opportunity employer. Completion of National School of Sleep Medicine Education Program (A-STEP) does not guarantee employment. All employment applicants must complete the standard application requirements and comply with National Sleep Solutions Human Resources Employment Practices & Recruitment Policy.*

[www.nationalschoolofsleepmedicine.com](http://www.nationalschoolofsleepmedicine.com)

4 Bradley Park Ct Suite 3A, Columbus, GA 31904



#### MINIMUM REQUIREMENTS:

NSSM Sleep Consultant Course will adhere to the standards defined by American Academy of Sleep Medicine (AASM) and will ensure that applicants meet the minimum standards for employment as a Sleep Consultant. The following education requirements must be met and presented:

- Age-at least 18 years old
- High School Diploma, GED, Transcript of Record or equivalent
- Social Security # for W-9 form
- State-issued Identification Card (Drivers License or State Identification)

#### **To Apply to the Program:**

To apply to the Program, please complete and submit the Sleep Consultant application packet, including items in the checklist below prior to the start of the next class. You may also email them to [admissions@nationalschoolofsleepmedicine.com](mailto:admissions@nationalschoolofsleepmedicine.com), fax to (888) 884-9493 or mail to:

National School of Sleep Medicine  
Attn: Sleep Consultant Course  
4 Bradley Park Ct, Suite 3-A  
Columbus, GA 31904

#### **Checklist for Application:**

\_\_\_ **Application:** The application should be completed by the Applicant for admission

\_\_\_ **Copy of High School Diploma:** A copy of your High School diploma or equivalent must be submitted. A college or university diploma will be accepted as a substitute.

\_\_\_ **Resume:** A resume or curriculum vitae that reflects your educational background, work experience and any applicable volunteer experience.

\_\_\_ **Statement of Purpose:** One page essay that describes why you wish to be a Sleep Consultant or the field of Sleep Medicine.

\_\_\_ **Social Security #** for W-9 form

\_\_\_ State-issued **Identification Card** (Drivers License or State Identification)

\_\_\_ \$ \_\_\_\_\_, in the form of money order or cashier's check, to be applied to tuition. Personal checks are not accepted.

**Admission Process:**

Within 30 days, applicants will receive notification of acceptance. Once a student is accepted to the program, an Acceptance Packet will be e-mailed to the student within one week. All forms should be signed and returned to the Educational Coordinator with the remainder of tuition, no later than two weeks prior to the start of class. Proof of required immunization needs to be submitted to Employee Health by fax and clearance must be received no later than one week prior to the start of class.

**Tuition & Payment:**

The tuition for National School of Sleep Medicine Sleep Consultant Course is \$1,997. The entire payment is due 1 week before the course. The cost of materials are not included as part of the tuition. Tuition is NON Refundable. Payments can be made by money order or cashier's check. All payments should be made payable to National School of Sleep Medicine.

# Sleep Consultant Application

**Personal Data:**

Legal Name: \_\_\_\_\_  
Last
First
MI
Preferred Name

Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Address
City
State
Zip Code

\_\_\_\_\_  
Home Telephone
Cellular Telephone
e-mail

**Emergency Contact Information**

Contact: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

**Educational Information**

Highest Degree Completed: \_\_High School \_\_Associate's \_\_Bachelor's \_\_ Other \_\_\_\_\_

**School Information**

Name of School	City/State	Dates Attended	Diploma/Certificate Earned

I agree to adhere to all course policies and procedures. Any violation is subject to disciplinary action and could result in removal from the course.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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