



Sleep Technologist 80 Hr Introductory Course (A-STEP)

Application Tips and Checklist:

The *National School of Sleep Medicine* is proud to offer the best education for sleep technologists. The National School of Sleep Medicine A-STEP program is associated with *National Sleep Solutions*, Inc, accredited by the American Association of Sleep Medicine (AASM). Our comprehensive six-week program of study includes a mix of classroom and handson instruction. 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

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

MINIMUM REQUIREMENTS:

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

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

To Apply to the Program:

To apply to the Program, please complete and submit the A-STEP application packet, including items in the checklist below, three months before the start of the next class. You may also email them to admissions@nationalsschoolofsleepmedicine.com, fax them to (888) 884-9493, or mail them to:

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

Checklist for Application:

| Application: The application should be completed by the Applicant for admission |
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| 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 relevant volunteer experience. |
| Statement of Purpose: One-page essay that describes why you wish to be considered for A-STEP training or the field of Sleep Medicine. |
| Social Security # for W-9 form |
| State-issued Identification Card (Drivers License or State Identification) |
| \$500 registration fee , in the form of a money order or cashier's check, to be applied to tuition if accepted. Personal checks are not accepted. |

Admission Process:

The applicants will receive notification of acceptance of the A-STEP. Once a student is accepted into 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 at least 2 days before the start of class. Proof of required immunization has to be submitted to Employee Health by fax, and clearance must be received one day before class starts.

Tuition & Payment:

The tuition for the National School of Sleep Medicine A-STEP course is \$3000. The entire payment is due one day before the course. The tuition does not include the cost of materials. Once the student is accepted, the registration fee is non-refundable. Once the course starts tuition is non-refundable. Payments are made by money order or cashier's check. All payments should be made payable to the National School of Sleep Medicine.

80 Hr Sleep Technology Education Course (A-STEP) Application

| Personal Data: | | | | |
|---|----------------------------|-------------------------|--------------------------------------|--|
| Legal Name:Last | First | MI | Preferred Name | |
| | | | Treferred Name | |
| - | | | | |
| Address | City | State | Zip Code | |
| Home Telephone | Cellular Telephone | | e-mail | |
| Emergency Contact Infor | mation | | | |
| Contact: | Relationship to applicant: | | | |
| Contact Home Phone: | Contact Cell Phone: | | | |
| Educational Information | | | | |
| Highest Degree Completed | : High School A | Associate's Bachelo | or's Other | |
| School Information | | | | |
| Name of School | City/State | Dates Attended | Diploma/Certificate Earned | |
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| I agree to adhere to all cour could result in removal from | | dures. Any violation is | s subject to disciplinary action and | |
| Applicant's Signature: | | | Date | |
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www.nationalschoolofsleepmedicine.com