



## Sleep Technologist Course

### **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 Sleep Technologist program is associated with *National Sleep Solutions, Inc*, accredited by the American Association of Sleep Medicine (AASM). Our comprehensive six-week program of study completely online. 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. Completing the National School of Sleep Medicine Education Program does not guarantee employment. All employment applicants must meet the standard application requirements.*

**MINIMUM REQUIREMENTS:**

NSSM 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:

- 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 application packet, including items in the checklist below, before the start of the next class. You may also email them to [admissions@nationalsschoolofsleepmedicine.com](mailto:admissions@nationalsschoolofsleepmedicine.com), fax them to (888) 884-9493, or mail them to:

National School of Sleep Medicine  
 Attn: Sleep Technologist  
 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 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)

\_\_\_ \$1,497.00 Tuition, 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. 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.

**Tuition & Payment:**

The tuition for the National School of Sleep Medicine Sleep Technologist course is \$1,497. 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 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 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** \_\_\_\_\_