



## **Sleep Technology Education Program (A-STEP) Application**

### **Sleep Technology Education Program**

9977 Woods Drive, Suite 178

Skokie, IL 60077

Phone: 847-663-8203

Fax: 847-663-8211

[astep@northshore.org](mailto:astep@northshore.org)

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

NorthShore University HealthSystem Sleep Center is proud to offer the best in education for sleep technologist. The NorthShore University HealthSystem A-STEP is associated with the NorthShore Sleep Center which is accredited by the American Association of Sleep Medicine (AASM). Our comprehensive eight-week program of study includes a mix of classroom and hands-on 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 847-663-8203 or [astep@northshore.org](mailto:astep@northshore.org).

*NorthShore University HealthSystem Sleep Program is an equal opportunity employer. Completion of NorthShore University HealthSystem's Sleep Technology Education Program (A-STEP) does not guarantee employment. All employment applicants must complete the standard application requirements and comply with NorthShore University HealthSystem Human Resources Employment Practices & Recruitment Policy.*

## **MINIMUM REQUIREMENTS:**

NSUHS A-STEP 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 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 A-STEP application packet, including items in the checklist below no earlier than 3 month prior to the start of the next class. You may also email them to [astep@northshore.org](mailto:astep@northshore.org), fax to (847) 663-8211 or mail to:

NorthShore University HealthSystem  
Sleep Disorders Program  
Attn: A-STEP  
9977 Woods Drive, Suite 178  
Skokie, IL 60077

## **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 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)
- \$300 **registration fee**, in the form of money order or cashier's check, to be applied to tuition if accepted. Personal checks are not accepted.

## **Admission Process:**

Within 30 days, applicants will receive notification of acceptance or denial to the A-STEP. 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 one week 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 NorthShore University HealthSystem Sleep Center A-STEP course is \$3000. The entire payment is due by the 1<sup>st</sup> session of the course. The cost of materials are included as part of the tuition. Once the student is accepted, registration fee is non-refundable. Payments can be made by money order or cashier's check. All payments should be made payable to NorthShore University HealthSystem Sleep Center.

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## 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 \_\_\_\_\_