



Ohio Health Sleep Services A-STEP Enrollment Application

Personal Data:

Name: _____
Last First Middle

_____ Male Female
Social Security Number Date of Birth mm /dd/ year circle one

Permanent Address:

_____ Street City State Zip Code
_____ () ()
Country Home phone number work phone number e-mail
Or Cell number

Emergency Contact Information:

Emergency Contact: _____
Phone number: () _____
Relationship to Applicant: _____
Do you have any Special Needs? YES _____ NO _____
If "yes" please describe: _____

Educational Data:

High School Graduation Date: _____
 If graduation was by General Education Development (GED) Test, list date: _____
 Name and address of High School: _____

Name of College/University	Location City and State	Dates Attended Or years	Degrees Earned

Highest Degree Completed:

High School Master's
 Certificate Doctorate
 Associate's First Professional
 Bachelor's

Required Citizenship/ English Language Proficiency Information:

Is English your primary language Yes No
 If "No" what is your primary language? _____
 Country of Birth: _____ Country of Citizenship _____

If not a citizen, identify Visa type: _____ and include a copy of your I-551 (Alien Registration Receipt Card) or I-94 (Arrival/departure Record.)

Statement of Purpose:

In an essay of about 250 words, tell us why you chose this program, what you expect to get out of this course and your professional goals are.

Ohio Health Sleep Services is an equal opportunity/affirmative action institution.

I attest that the above information is accurate and truthful.

Student's Signature: _____
(Required)

Date: ____/____/____

Mail the following to address below:

**Completed application, Resume, Statement of Purpose and
nonrefundable application fee of \$ 25.00**

**Ohio Health Sleep Services
9200 Worthington Rd/ Suite 230B
Columbus, Ohio 43082**

Phone: (614) 259-6983

**Attn: Cynthia Campana RPSGT, RST
Education Coordinator**