



Accredited Sleep Technologist Education Program (A-STEP) Application

Demographic Information

Name	<input type="text"/>	Sex	<input type="text"/>
Race	<input type="text"/>	Preferred Pronouns	<input type="text"/>

Permanent Address

Address Line 1	<input type="text"/>	Address Line 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
ZIP Code	<input type="text"/>	Country	<input type="text"/>

Contact Information

Phone Number	<input type="text"/>	Number Type	Cell <input type="checkbox"/>	Home <input type="checkbox"/>
Email Address	<input type="text"/>			

Emergency Contact Information

Emergency Contact Name	<input type="text"/>	Phone Number	<input type="text"/>
Relationship to Applicant	<input type="text"/>		

Accommodations and Accessibility

Do you have any special needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify:	<input type="text"/>	

Health Insurance

The Colorado Sleep Institute at Pioneers Medical Center requires all students to be covered by a health insurance policy. The Colorado Sleep Institute at Pioneers Medical Center is not responsible for medical expenses related to disease or injury incurred during the Training Program. The student is responsible for any medical expenses incurred during the training at the clinical site. **Students may be asked to provide proof of coverage prior to the beginning of their clinical rotations.**

Educational Background

High School Graduation Date (MM/DD/YYYY)			
General Education Development (GED) Exam Date (if applicable)			
High School Name			
High School Address			
Highest Degree Completed	High School Diploma/GED <input type="checkbox"/>	Certificate <input type="checkbox"/>	Associates <input type="checkbox"/>
	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Decorate <input type="checkbox"/> First Professional <input type="checkbox"/>

College/University Name	City & State	Dates Attended	Degree Earned

Citizenship & English Language Proficiency Information

Is English your primary language? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "no," what is your primary language?	
Country of Birth	Country of Citizenship
If you are not a U.S. Citizen, identify your type of visa: <i>Include a copy of your I 551 (Alien Registration Receipt Card) or I 94 (Arrival/Departure Record)</i>	

Purpose of Admission Essay

In 250 words or less, please answer the following questions. Attach your response as a separate sheet or page at the end of the application.

Why did you choose The Colorado Sleep Institute's A-STEP Program?

What do you expect to get out of the program?

What are your personal or professional goals?

Diversity and Inclusion Statement

The Colorado Sleep Institute at Pioneers Medical Center is committed to diversity and inclusion. All admissions into the A-STEP 80-Hour Introductory Course is based on a first come, first serve basis, as long as all requirements are met. Other courses will be provided at a later date, and if you are still interested, you will be placed on a waitlist. Waitlist will be prioritized by time of admission form and the documents needed to enroll are submitted and received. You will receive an email listing the date of your course start date, where we will need you to accept or decline. Declining the date will move you to the end of the waitlist. If you feel this was not done correctly, please get in touch with our Program Director, Ashlie Raper, RPSGT and she will forward this complaint to the Clinical Director, Peter Razma, MD. This situation will be filed as a grievance, following our Grievance Policy, we will document and follow up within 24-48 hours. We will investigate the complaints filed and take appropriate corrective actions. Please note, with the space we have, we are limited to 4 students maximum per course. Please fill out the admission form with the necessary documents needed and submit them as soon as you can, to help you get accepted or waitlisted into the program at the earliest time possible.

The tuition for the 80-Hour Introductory Course is \$2750.00. **When you accept your position into the course**, you have 5 business days to pay a non-refundable deposit of \$500.00. If payment is not received, you will be waitlisted. The non-refundable deposit goes towards your tuition total. Tuition total must be paid in full, 2 weeks prior to course start date. If tuition is paid in full and for what ever reason you can not attend, the balance of \$2250.00 will be refunded to the individual within 5-7 business days. Or if the individual decides to be waitlisted, we can put the total towards your future course. The total of \$2750.00 covers your possible titers and vaccinations (if needed), BLS/CPR class (if needed), 80-Hour Introductory Course, The Clinical Director's Fee, 1 AASM scoring manual (\$30), Post-Course mandatory modules (\$500) and your final exam (\$50). Payment can be taken in the form of cash, card and checks. Checks may be made out to: Pioneers Medical Center with the memo stating: The Colorado Sleep Institute.

I attest the above information is accurate and truthful. I have fully read and comprehend the documents needed and the deadline dates stated above.

Signature: _____ **Date:** ____ / ____ / ____

Please mail, email, or fax the following documents to our office (see address below):

- Admissions Application Form
- Purpose of Admissions Essay
- High School Diploma / GED Certificate
- Driver's license, Birth Certificate or some form of age identification document
- Proof of Health Insurance Coverage
- Vaccination Record
- BLS/CPR card (if you do not have one, our program will schedule a class for you)

The Colorado Sleep Institute at Pioneers Medical Center, 100 PMC Drive Meeker, Colorado 81641

Phone: 970-693-6025

Fax: 970-693-6028 **Email:** araper@pioneershospital.org

Attn: Allie Raper, RPSGT

Sleep Education and Program Director