Cleveland Clinic

Cleveland Clinic
Sleep Disorders Center

A-STEP Application

Name: _____ _____ _____
<div style="text-align:center">Last   First   Middle</div>

I am over the age of 18:   Yes   No

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: _____

Educational Background:

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 (Years)	Degrees Earned

Highest Degree Completed:

High School	Master's
Certificate	Doctorate (PhD, EdD, etc.)
Associate's	Professional (JD, MD, etc.)
Bachelor's	

Additional Information:

Are you proficient in English?
(please check one)   Yes   No

Are you able to attend the ASTEP program without Visa sponsorship?
(please check one)   Yes   No

Cleveland Clinic is unable to sponsor student Visas for participants in this program. If you do have a Visa sponsor, an endorsed I-20 document or letter confirming the sponsor's approval of your participation in the ASTEP program is required.

Will you need disability accommodations to participate in the ASTEP program?
(please check one)   Yes   No

If you checked yes to needing disability accommodations, please contact Judy Petriella (petriej2@ccf.org) to discuss your request.

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 what your professional goals are.

I attest that the above information is accurate and truthful.

Applicant's Signature: _____
(Required)

Date: _____/_____/_____

Please e-mail the following application materials to petriej2@ccf.org (ASTEP Instructor & Technical Director, Judy Petriella):

- Completed application
- Resume
- Current CPR
- High school diploma
- Statement of Purpose
- I-20 document OR letter from Visa sponsor (international students ONLY)

Payment of Tuition

Upon acceptance into the ASTEP Program, tuition must be paid in full in the amount of $1,500.00. Tuition payments are accepted through the program's tuition payment system by the student or another party authorized to pay on the student's behalf. Students who will have their tuition paid for by another party, such as an employer, should forward the instructions and payment link to the appropriate party for payment. Tuition must be paid in full before the scheduled start date of classes or the student will be prohibited from attending the program.

A $25.00 processing fee will be required only if and when enrollment into the program has been confirmed. This transaction will occur during the onboarding process.

Applicant Demographic Survey:

Thank you for your interest in applying to the ASTEP program at Cleveland Clinic. Cleveland Clinic's educational programs are committed to valuing all people throughout our organization, regardless of background or culture. A diverse and inclusive environment for students and staff and culturally appropriate care for our patients, are essential to fulfilling our vision to be the best place for care anywhere and the best place to work in healthcare. We welcome students from diverse backgrounds and cultures.

Please help us to better understand the characteristics of our program applicants by completing this brief voluntary demographic survey. Whether or not you choose to complete the survey, and the answers provided, will have no impact on your program application.

To complete the survey, please scan the QR code.