

Dayton Children's pediatric A-STEP registration

Dayton Children's pediatric sleep medicine A-STEP program

Contact information:

David Greutman

- Email—dchasteprog@childrensdayton.org
- Phone—937-641-5007
- Fax—937-641-5131
- Address:

Dayton Children's Hospital c/o sleep lab A-STEP
Attention: David Greutman
One Children's Plaza
Dayton, Ohio 45404

Our comprehensive two-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 937-641-5007 or dchasteprog@childrensdayton.org.

Dayton Children's pediatric sleep medicine 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 number 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.

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 emailed 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.

All applicants must schedule an on boarding appointment with volunteer services no later than one month prior to the start of the program. This appointment typically takes 2-3 hours and will include an appointment with our employee health nurse to review immunization record and administer a TB test, ensure the applicant meets the health work requirements of the hospital, finger printing and an hospital orientation with the volunteer resource officer.

tuition & payment:

The tuition for Dayton Children's pediatric sleep medicine A-STEP course is \$3,000. The entire payment is due by the second 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 Dayton Children's Hospital.

program application

personal information

Legal name: _____
Last name First name Middle initial

Social Security Number: _____ Date of Birth: _____

Address City State Zip code

Home telephone Cell phone email address

emergency contact information

Contact name: _____ Relationship to applicant: _____

Contact home telephone: _____ Contact cell phone: _____

education information/highest degree completed

High school _____ Associate's degree _____ Bachelor's degree _____ Other _____

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: _____

