



APPLICATION

For Sleep Technology Education Program

9977 Woods Dr. Skokie, IL
60077; 847-663-8200
astep@northshore.org

Application Tips and Checklist:

The following is a tool to help guide you through the application process. Please check off the steps as you complete them. This page does NOT need to be submitted as part of your application packet. If you have any additional questions, please contact us at 847-663-8200 or astep@northshore.org

Tuition:

Acceptable payment types include cash, Personal or cashier's checks and money orders made out to NORTSHORE sleep disorders for the amount of \$3000. A Non-refundable deposit of \$300.00 is required at the time of registration. Payments may be arranged prior to the course by contacting our office. 847-663-8200

Important Dates and Deadlines:

Course dates are posted on the Sleep Center web site. All applications must be received 30 days prior to the anticipated start date in order to be considered.

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
- ☐ **Proofread your application** – Admission is competitive so please fill out the application carefully and completely before submission
- ☐ **Submit Application** – Submit your application to the Director of Sleep Education, 9977 Woods Dr., Skokie, IL 60077

Sleep Technology Education Program Application

Personal Data:

Legal Name: _____
Last First MI Preferred Name

Social Security Number Drivers License Number Date of Birth mm/dd/yyyy

Please answer the following **optional** questions. These questions will not affect your application.

☐ Male ☐ Female

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Am Indian ☐ other

Are you a U.S. Citizen ☐ Yes ☐ No If "No" Country of

Citizenship _____

VISA type _____ (include a copy of your I-515 or I-551 (Alien Registration Receipt Card) or I-94 (Arrival /
Departure Record)

Is English your first language? ☐ Yes ☐ No If "No" what is your first Language? _____

Term you expect to enroll in:

☐ April ☐ October Year _____

Permanent Address:

Street City State Zip Code

Home Telephone Cellular Telephone e-mail address

Temporary Address (if different from permanent address)

Street City State Zip Code

Emergency Contact Information

Contact: _____

Relationship to applicant _____

Contact Telephone: _____

Educational Information

Highest Degree Completed ☐ High School ☐ Associate's ☐ Bachelor's ☐ Other

School Information

Name of School	University City	State dates attended	Diploma/Certificate earned

Tuition & Registration:

*Following review, and upon acceptance of your application, a **Non refundable deposit of \$300.00 is required upon registration.** Personal Check, cashier's check, cash or money order made out to NorthShore Sleep Center in the amount of \$3000.00 (less the \$300.00 deposit if applicable). Payment can be arranged prior to the course. Financial Aid is **not** available for this course. Remaining balance is due prior to first day of session. High school diploma or equivalent required for registration*

NorthShore University HealthSystem Sleep Center 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.

I agree to adhere to all course policies and procedures. Any violation will be reason for disciplinary action and could result in removal from the course.

Student's Signature: _____ **Date** _____
(required)

Mail Completed Application to:

Director of Sleep Education
NORTHSHORE University HealthSystem
Sleep Disorders Center
9977 Woods Drive, Suite 178
Skokie, IL 60077