



First Step STNA Certification Program

First Step! Is your First Step!

Mission Statement: First Step LLC, will equip their students with the preliminary tools needed to succeed in the nursing aide field we will provide them with the latest, hands-on training to make them highly marketable to employers seeking qualified workers.

Required Documents before Enrollment:

- Photo ID
- Social Security Card
- Admission Application
- Healthcare Physical form and two-step TB
- Criminal BCI background check. (If you DID NOT live in Ohio for the last 5 yrs. You will need to get both BCI/ FBI background check.)
- Email Address

Program Information:

- State requires 75 course hours including 16 hours of clinical skills training
- Programs are held 9am-2pm or 5pm-10pm for 3 weeks
- Attendance: You MUST BE PRESENT AND ON TIME MONDAY - FRIDAY to receive State-Required Training.

Admission Enrollment Cost:

\$600 includes the cost of the books and admission. A deposit of \$300 is due before the 1st day of class to hold your seat and the remainder \$300 is due on the 1st day of the 3rd week of class. Deposits are NON-REFUNDABLE but can be applied to a future class. If a student elects to withdraw from the program First Step LLC is not obligated to refund any money to the student.



FirstStep STNA Certification Program

506 Broadway Ave 3rd Floor
Lorain, Ohio 44052

www.firststepstna.com
Email: Firststep.stna@gmail.com
Phone: (440) 444-1851

Admission Application for STNA training 3wk Course

Personal Information

Full Name: _____
Current Address: _____
Phone Number: (____) _____ Emergency Contact: (____) _____
Social Security Number: _____ Date Of Birth: _____
Email: _____

Education: Name and Location	Did you Graduate?
High School: _____	Yes or No
College: _____	Yes or No
Other: _____	Yes or No

Employment: Name, Location and phone number
Current Employer: _____

Previous Employer: _____

Which Class date are you enrolling for: _____ Circle one: Days or Evening

Signature: _____ Date: _____

Two Step Mantoux Test

Test #1

Date: _____

Results: _____

Read By: _____

Agency or Clinic: _____

Test #2

Date: _____

Results: _____

Read By: _____

Agency or Clinic: _____

If positive skin test reaction is noted a chest x-ray will be required. A copy of the results must be submitted with this form before you are able to start classes.

Chest X-Ray Results: _____

Comments:



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Health Physical Form

Name: _____

Address: _____

Phone number: (____) _____

Students must complete and submit a current physical signed by a licensed Provider verifying eligibility to participate in the STNA program.

Able to participate: _____

Unable to participate: _____

Comments:

Student Signature: _____ Date: _____

Provider Title and Signature: _____ Date: _____

Name of Agency or Clinic: _____

Address: _____

Phone Number: (____) _____



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