



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: _____

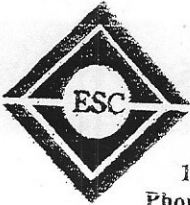
Address: _____

Phone Number: (____) _____



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Lorain, Ohio 44052



**Educational Service Center
of Lorain County**

1885 Lake Avenue, Elyria, Ohio 44035
Phone: (440) 324-5777 Fax: (440) 324-7355

Printing Hours:

Monday - Friday 8:00 am - 4:00 pm (Sept. - May)
8:00 am - 3:00 pm (June - Aug)

Call 440-324-5777 to schedule/cancel an appointment

MOISTURIZE HANDS prior to appointment

Mail My Results to:

Organization: First Step S.T.N.A. Program

Attention: Human Resources

Street Address: 506 Broadway

City, State, Zip: Lorain, OH 44052
3rd Floor

NAME:

(Last)

(First)

(Middle Initial)

STREET ADDRESS:

CITY, ZIP

DATE OF BIRTH:

PHONE NUMBER:

SOCIAL SECURITY # _____

*I verify that my s.s.# is entered correctly on the screen
by the ESC agent _____ (initials)*

I hereby certify that I have given _____ permission to obtain a
copy of any arrest or conviction record pertaining to me in the file of the Ohio Bureau of Criminal Identification/
Federal Investigation for the purpose of being a _____

Reason for printing (ex: teacher, sub, child care, volunteer, etc.)

I understand that, if the release is statutorily required as a condition of employment, or being a volunteer, the Educational Service Center of Lorain County will be provided with any additional arrest or conviction record pertaining to me entered into the files of the Ohio Bureau of Criminal Identification Investigation for a period of one (1) year following the date of the execution of this release. I hereby release Ohio Bureau of Criminal Identification/Federal Investigation, the Educational Service Center of Lorain County, and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Signature: _____

Date _____

I authorize the ESC to bill our organization/school

Authorized signature from organization/school
Check which criminal record is needed below

CRIMINAL RECORDS CHECK

(Please know what you need before appointment)

- BCI (Ohio) ONLY \$32.00
- FBI (Federal) ONLY \$34.00
- BCI & FBI \$60.00

No Credit/Debit
Cards Accepted

Direct Copy Mailed To (check if applicable):

- ODE ODJFS Type A Daycare Brd of Nursing OH Dept. Pharmacy
- BMV Dealer Social Work Board Occ. or Physical Therapy
- Other _____

ITEMS NEEDED AT APPOINTMENT

- > Drivers License or State ID Card
- > Form of Payment:
 - ✓ Cash
 - ✓ Money Order
 - ✓ Check payable to ESCLC

No Credit/Debit
Cards Accepted

Office Use Only: Cash _____ Check _____ Money Order _____

Email: _____