



## STNA Certification Program

**Slogan:** Let First Step! Be 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 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
- 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 Information:

A deposit is due before the 1<sup>st</sup> day of class to hold your seat and the remainder balance is due on the 1<sup>st</sup> day of the 3<sup>rd</sup> 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.



506 Broadway Ave 3<sup>rd</sup> Floor Lorain, Ohio 44052

Email: [Firststep.stna@gmail.com](mailto:Firststep.stna@gmail.com)

Phone number: (440) 444-1851

### **Admission Application for STNA training 3wk Course**

#### **Personal Information**

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

Any Criminal History: Yes or No (If the answer is yes please briefly explain):

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Name: \_\_\_\_\_

### **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: (\_\_\_\_) \_\_\_\_\_

## FIRST STEP STNA TUITION PAYMENT PLAN



**STNA CLASS & MATERIAL TOTAL COST \$1,204 without DISCOUNT!**

**\*Self-Payor Discount Rate are Available**

**\*Ohio Means Jobs Voucher Program, Available for student who qualify**

**Refer to Administration for details on how to qualify for discount rate and to apply for payment plan or to apply for Ohio Means Job Voucher Program.**

First Step offers a partial payment plan, the tuition fee is Half the cost of the Full payment to hold the student seat in class. This fee is NON-REFUNDABLE and will be due before the initial start of class. The payment will be applied to the student entire admission cost leaving the student with a remaining balance, which will be due on or before the 1<sup>st</sup> day of the 3<sup>rd</sup> week of class. The Last payment MUST be paid in full before the student can complete the last week of class and/or receive their STNA certificate. All financial obligations are the responsibility of the student otherwise the student will NOT be allowed to complete the program. If the student needs to withdraw for any reason First Step is NOT required to return any of the tuition cost to the student.

However, if the student can provide First Step with reasonable hardship. First Step will permit the student to take a leave of absence and return to complete the STNA program later. The student will then be dropped from the course and must resign up. The Student will have 6 months to return, or this Agreement will be no longer be available.

### **Materials**

A Uniform set & ID Badge are required for every student to purchase at least one uniform to comply with First Step dress code.

Academic Book & Workbook are Not included with Self-Payor Discount Rates.

### **CPR/FIRST AID**

CPR and First Aid Classes

All First Step Students will receive a \$10 Discount rate off original cost.

### **All Other Documentation Needed:**

Background and Health Screening are required and are the student financial responsibility.

Electronic payments of any kind will be an additional \$10 for fees applied.

**By signing this document, the student or parent/guardian assume all responsibility of financial obligations and a full understanding of First Step Payment Plan.**

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian (under 18yrs. old):** \_\_\_\_\_ **Date:** \_\_\_\_\_

# First Step STNA Program LLC

## VOLUNTEER FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I am interested in volunteering for the following types of activities:

- Field trip driver
- Classroom helper
- Office helper
- Library helper
- Event organizer
- Church
- Communications
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Start & Complete Date: \_\_\_\_\_ & \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

Authorize Representative Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Lorain, Ohio 44052  
Ph. 440-444-1851

**Resource Guide for Physical or Mantoux/TB 2 step**  
**Optional for Students without Medical Insurance**

**Heavenly Circle RN staff** (Mantoux only)

*Mantoux /TB shot 2 step* cost \$20 for both shots in total. Cash only and

Walk in are accepted.

502 Broadway Ave. Lorain, Ohio 44052

Ask for Susan: office number 440-282-8022 line 2 to check availability in advance.

**Evergreen Pain Management Rehabilitation Center** (Physical only)

*Physical* cost \$20 accept cash may accept major credit cards. Please ask before arrival.

5445 Detroit Rd. Sheffield, Ohio 44054

440-240-9111

**Urgent Care** (Mantoux & Physical)

*Mantoux/TB 2 step* shot cost \$40 for both shot in total.

*Physical* Cost \$55 accept cash or major credit cards.

4340 N Levitt Rd. Lorain, Ohio 44053

440-444-0497