



## First Step Healthcare Academy

**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:

- Photo ID
- Social Security Card
- Admission Application
- Email Address
- Healthcare Physical form
- Two-step TB or Blood test
- 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.)
- Copy of your GED or Diploma (PBT Students only)

### Program Information:

#### STNA/CNA

- 76.50-clock hours of lecture & lab, 16 hours of clinical skills, and hold an 75% GPA or higher
- Programs are held 9am-2pm or 5pm-10pm for 3 weeks
- Clinical Days are held 7am to 3pm both for both day and evening classes
- Attendance: You MUST BE PRESENT AND ON TIME MONDAY – FRIDAY & 2 SATURDAYS
- After successful completion of the certified program students will receive a certificate of completion and be eligible to take their State Exam.

#### PHLEBOTOMY

- 73-clock hours of lecture & lab, and hold an 80% GPA or higher
- Programs are held 9am-2pm or 5pm-10pm
- Attendance: 7 weeks program You MUST BE PRESENT AND ON TIME MONDAY, WEDNESDAY, FRIDAY & 2 SATURDAYS (5-hour classes first 3.5 weeks)  
MUST BE PRESENT AND ON TIME TUESDAY & THURSDAY (NHA exam prep course 3 hours for 3 weeks after returning from 1wk break)
- After successful completion of the certified program students will receive a certificate of completion and be eligible to take their NHA Exam.





**First Step Healthcare Academy**

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

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

Phone: (440) 444-1851 / Fax: (440) 538-3006

**Admission Application**

**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

**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: \_\_\_\_\_

Referred By: \_\_\_\_\_





# Physical Exam

<b>STUDENT NAME</b>	
Site : _____	Visit Date: ____ / ____ / 20 ____ d d   m m m   y y y y

<b>Vital Signs:</b> BP: _____ HR: _____	<b>Allergies:</b> _____
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CATEGORY	NORMAL OR ABNORMAL	IF ABNORMAL, DESCRIBE BELOW	CHANGE FROM BASELINE
<b>General Appearance</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>HEENT</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Neck</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Chest and Lungs</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Cardiovascular</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Abdomen</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Genitourinary</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Rectal</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

# Physical Exam

<b>Musculoskeletal</b>	Normal Abnormal Not Examined		Yes No NA
<b>Lymph Nodes</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Extremities/Skin</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Neurological</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Other: _____</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

CURRENT MEDICATIONS: \_\_\_\_\_  
 \_\_\_\_\_

TUBERCULOSIS (TB) SCREENING: (every 2 years by Mantoux method; if positive initial chest x-ray should be done)

Date given \_\_\_\_\_ Date read \_\_\_\_\_ Results \_\_\_\_\_ LOT# \_\_\_\_\_

Date given \_\_\_\_\_ Date read \_\_\_\_\_ Results \_\_\_\_\_ LOT# \_\_\_\_\_

Chest x-ray (date) \_\_\_\_\_ Results \_\_\_\_\_

Limitations or restrictions for activities (including work day, lifting, standing, and bending):

No \_\_\_ Yes \_\_\_ (specify) \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE SIGNED \_\_\_ / \_\_\_ / \_\_\_\_\_



**STNA CLASS & MATERIAL TOTAL COST \$1,284**

**PHLEBOTOMY CLASS & MATERIAL TOTAL COST \$3,575**

**Refer to Administration for details on how to apply for a payment plan or learn how to apply for assistance with Ohio Job and Family Service. (Available for students who qualify)**

#### **PAYMENTS**

All Tuition and fees are due two weeks prior to the start of the program and can be made by cash, check, or money order. Students who are receiving financial assistance from any agency or funding source; must be advised it is their responsibility to make sure that all paperwork is completed in a timely fashion so that the school receives the proper tuition fees based upon the First Step payment schedule.

#### **STUDENT WITHDRAWAL**

- (1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2) A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity

**STNA Materials**

2 Uniform sets (must comply with First Step dress code)

Academic Book

Exam Prep

Course Link

First Step Ink Pen

**PBT Materials**

2 Uniform sets (must comply with First Step dress code)

Academic Book

Practice Arm

NHA Study Guide

State Exam

**ADDITIONAL SERVICE (fees will be applied)**

**AHA CPR/FIRST AID**

CPR and First Aid Classes: Offer Blended on In-person courses.

**All Other Documentation Needed:**

Background checks and Health Screening are required and are the student's financial responsibility.

**By signing this document, the student or parent/gaurdian assumes all responsibility for financial obligations and a full understanding of First Step payment requirements.**

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

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



**STNA Program Enrollment Agreement (76.50 Clock Hour Program)**  
**First Step Healthcare Academy**  
**506 Broadway Ave. 3<sup>rd</sup> Floor Lorain, Ohio 44052**  
**Phone: (440-444-1851)**  
**Ohio License #2233**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ S.S Number: \_\_\_\_\_

I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Program length: 76.50 Clock Hours. This program is normally completed in 4 calendar weeks.

<u>Tuition and Fees for Current Term:</u>	<u>Payment:</u>
Registration Fee .....\$100.00	All tuition and fees are payable for one quarter, semester, or school term only. Payments is due prior to the start of classes each term.
Book Fee .....\$160.00	
Exam Fee .....\$104.00	
Tuition .....\$920.00	
Total Cost .....\$1,284.00	

Total projected cost of the program at current tuition and fee rates: \$1,284.00

Tuition and fee charges are subject to change at the school's discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

**Cancellation and Settlement Policy**

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student already started academic classes.

**Refund Policy**

If student is not accepted into the training program, all monies paid by the student shall be refunded. Refund for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 200 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

**STNA Program Enrollment Agreement (76.50 Clock Hour Program)**  
**First Step Healthcare Academy**  
**506 Broadway Ave. 3<sup>rd</sup> Floor Lorain, Ohio 44052**  
**Phone: (440-444-1851)**

{Note: This sample form uses Board's clock hour refund policy, Schools with academic programs based upon credit hours should use the credit hour refund policy.}

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- (3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

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Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, state Board of Career colleges and Schools, 30 East Broad Street, suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.

I acknowledge that I have received a school catalog and agree with the school policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Check**

Lorain County Sheriff's Office / Lorain County Correctional Facility

**Address**

9896 Murray Ridge Road  
Elyria, Ohio, 44035

Phone 440-329-3703 Cost: BCI/Only living in Ohio for 5 years or more is \$27

BCI/FBI Living in Ohio for Less than 5years is \$57

Must take a money order and your ID. They DO NOT Accept Cash or Credit Card Payments

Days and Time: Monday, Wednesday, Friday, and Sundays 12 PM-7 PM Code: 4723.09

Address background check needs to be sent to First Step STNA Program LLC

506 Broadway Ave. 3<sup>RD</sup> Floor

Lorain, Ohio 44052



REQUEST FOR a Background Check via Electronic  
Fingerprinting

BCI \_\_\_\_\_  
(STATE OF OH)

FBI \_\_\_\_\_  
(REMAINING 49 STATES)  
(DOES NOT INCLUDE OH)

BCI & FBI \_\_\_\_\_  
(ALL 50 STATES)

Personal Information (please print):

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

DIRECT COPY (IF APPLICABLE) \*NO MAIL TO

- BMV DEALER LICENSURE
- LOTTERY COMMISSION
- BMV DEPUTY REGISTRAR
- OHIO RACING COMMISSION
- OHIO DEPT OF INSURANCE
- OHIO DEPT OF PUBLIC SAFETY / PISG
- OHIO DEPT OF LIQUOR CONTROL
- OPOTA (OHIO POLICE TRAINING ACADEMY)
- OHIO DIV OF REAL ESTATE & PROFESSIONAL LICENSING
- OHIO DEPT OF AGRICULTURE- HEMP PROGRAM

Reason for Background Check: 4723.09  
MUST HAVE BCI AND/OR FBI ORC CODES  
([WWW.OHIOATTORNEYGENERAL.GOV/BACKGROUND CHECK/PUBLICATIONS](http://WWW.OHIOATTORNEYGENERAL.GOV/BACKGROUND CHECK/PUBLICATIONS))

NAME & ADDRESS FOR RESULTS TO BE MAILED TO (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIRECT COPY (PLEASE CIRCLE ONE):

- NONE
- SOCIAL WORKER BOARD
- OHIO DEPT OF EDUCATION
- OHIO CONSTRUCTION BRD
- OHIO BOARD OF NURSING
- OHIO OT, PT, AT BOARD
- CHILD CARE CTR-TYPE A, ODJFS
- OHIO BRD OF PHARMACY
- OHIO VETERINARY MEDICAL BOARD
- OHIO MEDICAL BRD
- STATE VISION PROFESSIONAL BOARD
- STATE SPEECH AND HEARING PROFESSIONALS BOARD

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Web Check agency (3CE111 - Lorain County Sheriff) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the Web Check provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Applicant's Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Parent/Guardian Name (please print) (Minor Applicants Only) \_\_\_\_\_

Parent/Guardian Signature (Minor Applicants Only) \_\_\_\_\_

