



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)

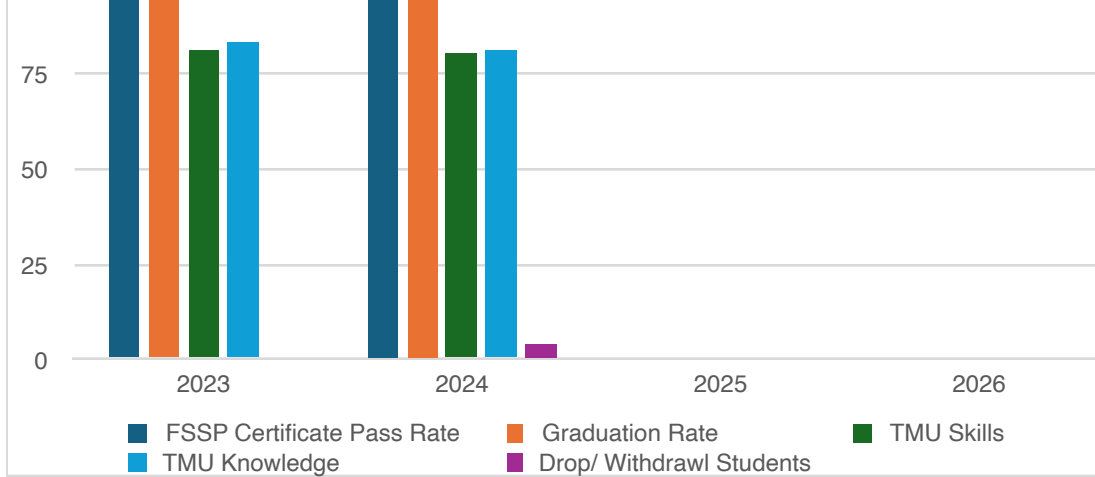
Program Information:

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.

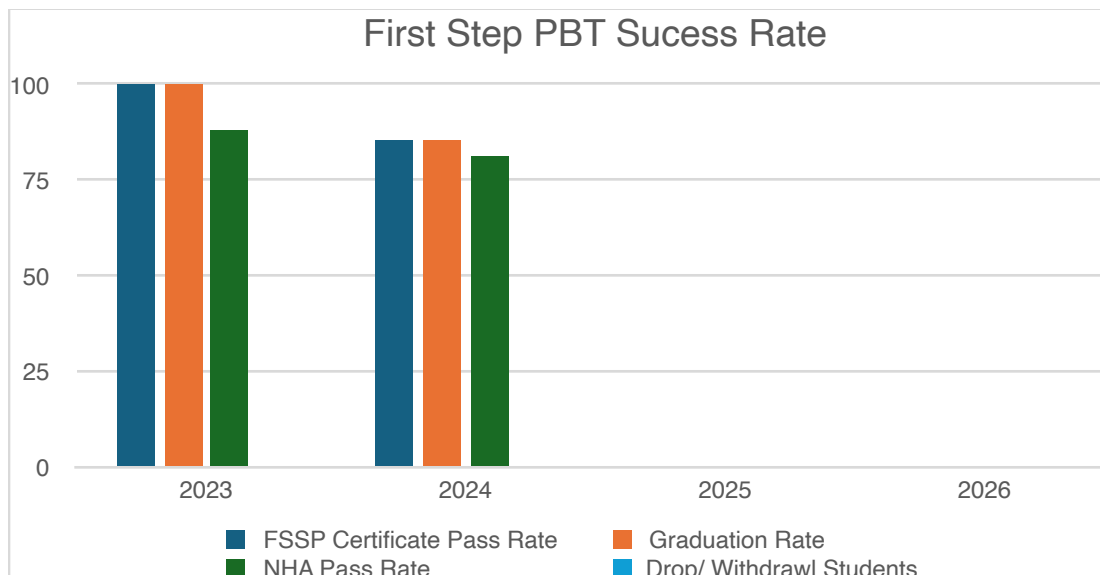
506 Broadway Ave 3rd Floor Lorain, Ohio 44052

Email: Firststep.stna@gmail.com

Phone Number 440-444-1851



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Email: 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: _____

CNA 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 paymentschedule.

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

ADDITIONAL SERVICE (fees will be applied)

AHA CPR/FIRST AID

CPR and First Aid Classes: Offer Blended or 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/guardian assumes all responsibility for financial obligations and a full understanding of First Step payment requirements.

Student signature: _____ **Date:** _____

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

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: 73 Clock Hours. This program is normally completed in 7 calendar weeks.

Tuition and Fees for Current Term:

Registration Fee\$125.00
Book Fee\$600.00
Supplies/Venipuncture Kit..... \$675.00
Exam Fee \$150.00
Tuition\$2,025.00
Total Cost\$3,575.00

Payment:

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.

Total projected cost of the program at current tuition and fee rates: \$3,575

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:

{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.}

- (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 dates of a student's attendance or participation in an academic school activity.

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: _____



Physical Exam

Student Name:		Date of Visit:	
Provider Name:			
Clinics Address:			
Clinic Phone:			
Vital Signs: BP:		Allergies:	
HR:			
Category	Status	If Abnormal Describe Below	Any Changes
General Appearance	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
HEENT	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examine		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Neck	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Chest & Lungs	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Cardiovascular	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Abdominal	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Musculoskeletal	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Student Name:			
Date:			
Integumentary System	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Normal		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Lymph Nodes	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Neurological	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Rectal	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Other	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Examined		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Current Medications:

Tuberculosis (TB) *Screening: every 2 years by Mantoux method, if positive Chest X-Ray should be done.*

Date given _____ Date read _____ Results _____ LOT# _____

Date given _____ Date read _____ Results _____ LOT# _____

Chest X-Ray Date performed _____ Results _____

QuantiferON Blood Test (TB) Date performed _____ Results _____

Any limitations or restrictions for activities (lifting, reaching, standing & bending) of at least 50lbs. ___Yes, ___ No Specify

Provider Signature: _____ Date Signed: ____/____/____

FACILITY STAMP HERE: