FIRSTSTEP
STNA Certification Program

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.

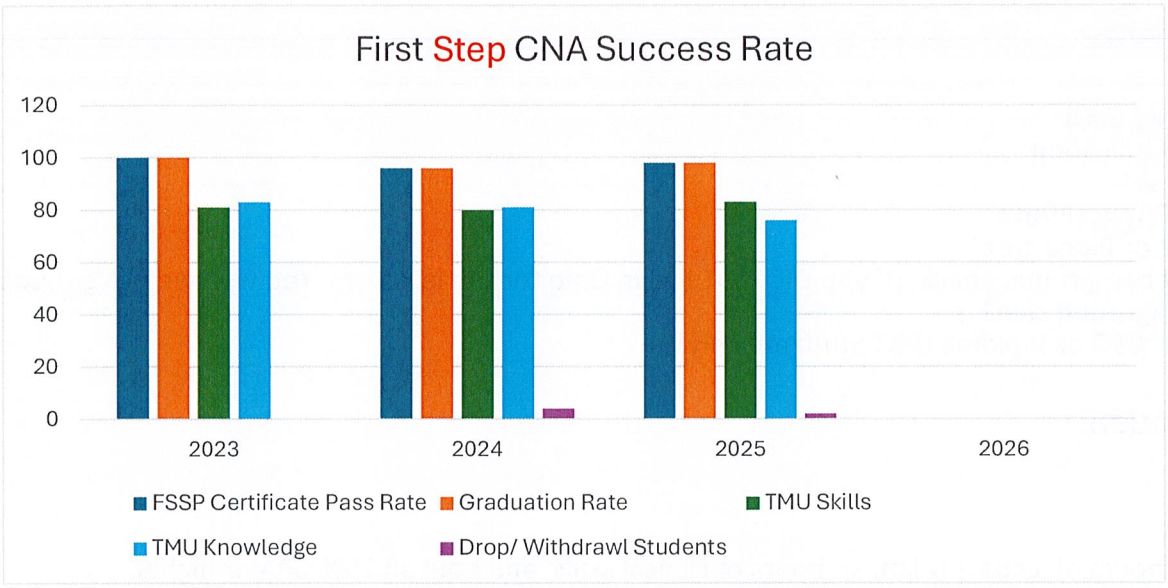
PHLEBOTOMY

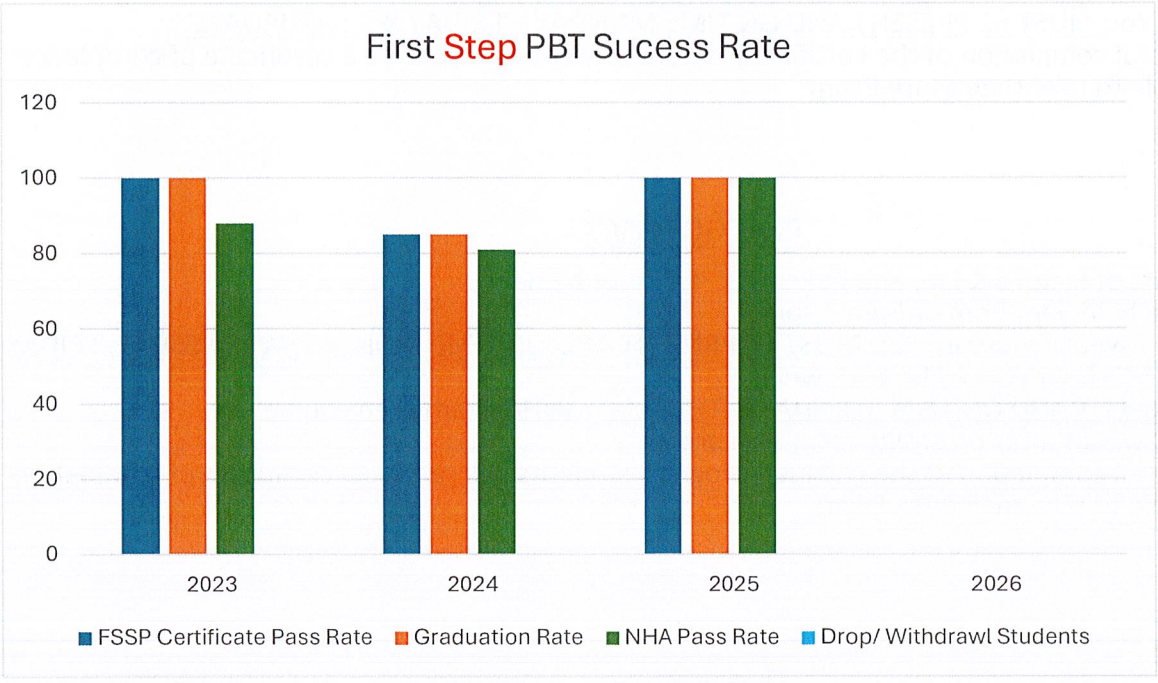
- 73-clock hours of lecture & lab, and hold an 80% GPA or higher
- Programs are held 9am-2pm or 5pm-10pm
- Attendance: 7 weeks program You MUST BE PRESENT AND ON TIME MONDAY, WEDNESDAY, FRIDAY & 2 SATURDAYS (5-hour classes first 3.5 weeks)
  MUST BE PRESENT AND ON TIME TUESDAY & THURSDAY (NHA exam prep 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





506 Broadway Ave 3rd Floor Lorain, Ohio 44052

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 $1,300

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 WITHDRAWL

(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 financialobligations and a full understanding of First Step payment requirements.

Student signature:_____ **Date:** _____

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

FIRSTSTEP

Physical Exam

Student Name:

Provider Name: **Date of Visit:**

Clinics Address:

Clinic Phone:

Vital Signs: **BP:** **HR:** **Allergies:**

Category	Status	If Abnormal Describe Below	Any Changes
General Appearance	o Normal o Abnormal o Not Examined		o Yes o No o N/A
HEENT	o Normal o Abnormal o Not Examine		o Yes o No o N/A
Neck	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Chest & Lungs	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Cardiovascular	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Abdominal	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Musculoskeletal	o Normal o Abnormal o Not Examined		o Yes o No o N/A

Student Name: **Date:**			
Integumentary System	o Normal o Abnormal o Not Normal		o Yes o No o N/A
Lymph Nodes	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Neurological	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Rectal	o Normal o Abnormal o Not Examined		o Yes o No o N/A
Other	o Normal o Abnormal o Not Examined		o Yes o No o 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:

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 5 years 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 SANA Program LLC

506 Broadway Ave. 3rd Floor

Lorain, Ohio 44052

Request for a Background Check via WebCheck

○ BCI ○ FBI ○ BCI & FBI

Personal Information (please print):

Name: _____ Type of photo ID _____

Date of birth: _____ SSN: _____ ID# _____

Address: _____ Phone #: _____

City/State/ZIP code: _____ Email address: _____

Complete this portion only if an FBI background check is needed:

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific): Other

Ohio Revised Code number (if known): 4723.09

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: Adult Education Program

Where should the results of this background check be sent?

Agency name: First Step STNA Program Attn: _____

Street address: 506 Broadway. 3rd. floor

City: Lorain State: OH ZIP code: 44052

Direct copy options (CIRCLE ONLY ONE)

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture – Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center – Type A – ODJFS
Ohio Dept. of Commerce – MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
(NONE)		

Waiver Information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI 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 following the signature date below.

_____ _____

Applicant's name (please print) Witness name (please print)

_____ _____

Applicant's signature Date Witness signature Date

_____

Parent/Guardian name (minor applicants only)

_____

Parent/Guardian signature Date

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.

_____ Requested that it be sent to me at the email address provided on this form.