

Washington University Sleep Medicine Center

ASTEP 2018 APPLICATION

1600 S. Brentwood Blvd
Suite 600
St. Louis, MO 63144
Fax: 314.747.3814
<http://astep.wustl.edu>

Application Tips and Checklist

The following is a tool to help guide you through the application process. Please check off the steps as you complete them, but this page does not need to be submitted as part of your application packet. If you have any additional questions, please contact us.

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Tuition

\$2600.00 for the 2018 calendar year

The tuition includes all lectures, practical exercises, and textbook.

Checklist for Application

- Application-** The application should be completed by the Applicant for admission.

- Copy of High School Diploma-** A copy of your high school diploma must be submitted, but this can be substituted with a copy of a college diploma.

- Resume-** Your resume should reflect your educational background, work experience, and any applicable volunteer experience.

- Statement of Purpose-** This should be typed, double-spaced essay around 250 words. Please type your name and social security number at the top of the essay.

- Three letters of recommendation-** Three letters of recommendation on the forms provided; one from a supervisor of work/volunteer experience and two from applicant's choice.

- Proofread-** Admission is competitive so please fill out the application carefully and completely.

Mail Completed Application to:

Washington University Sleep Medicine Center
ASTEP Program
1600 S. Brentwood Blvd, Suite 600
St. Louis, MO 63144

Washington University Sleep Medicine Center ASTEP Application

Personal Data:

Legal Name _____
First Middle Last Preferred Name

Last 4 digits of SS# Date of Birth mm/dd/yyyy Male Female

Permanent Address:

Street City State Zip Code

Country Home Phone Number Work Phone Number e-mail

Temporary Address (if different than permanent address listed above)

Street City State Zip Code

Country Telephone e-mail

Temporary address and telephone are effective until _____

Emergency Contact Information

Emergency Contact: _____
Phone Number:(____)_____ Relationship to Applicant: _____

Educational Data

High School Graduation Year: _____
If graduation was by General Education Development (GED) Test, list date: _____
Name and Address of High School: _____

Name of College/University	Location (City/State)	Dates Attended	Degree(s) Earned

Highest Degree Completed:

High School
 Certificate
 Associate's
 Bachelor's

Master's
 Doctorate
 First Professional

Required Citizenship/English Language Proficiency Information

Are you fluent in English? Yes No

Country of Birth: _____ Country of Citizenship _____

If not a U.S. citizen, identify Visa type: _____ and include a copy of your I-515 or I-551 (Alien Registration Receipt Card) or I-94 (Arrival / Departure Record)

Background Check Information

1. Have you ever been convicted of, or entered a plea of guilty, or no contest to a crime in any jurisdiction other than a minor traffic offense? Please include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. For the purposes of this question, driving under the influence and driving while impaired are not considered minor traffic offenses.

Yes No

2. Are you now or have you ever been a defendant in a civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, lack of professional competence, or sexual misconduct?

Yes No

If admitted into the program, you will receive instructions for a background check and urine drug screen. There is a fee for the background check that you will pay directly to the background check company. The results of the background check must be available prior to the start of the course. In addition, it is a requirement to submit documentation of a recent tuberculosis (TB) test and flu shot record if taking the course during flu season.

Statement of Purpose

In an essay of about 250 words, tell us about your professional goals and why you chose this program.

Washington University School of Medicine Sleep Medicine Center is an equal opportunity/affirmative action institution.

I agree to adhere to all course policies and procedures. Any violation will be reason for disciplinary action and could result in removal for the course.

Student's Signature: _____ **Date** ____ / ____ / ____
(required)

Recommendation Form
Accredited Sleep Technology Education Program (ASTEP)

Last Name	First Name	Middle Initial	(Maiden Name)
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City	State	Zip Code
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I waive the right to inspect this Confidential recommendation when it Becomes part of my application for ASTEP at Washington University Sleep Medicine Center

I do NOT waive the right to inspect this recommendation

STUDENT SIGNATURE

STUDENT SIGNATURE

Instructions:

The person named above has given your name as a person having knowledge of his or her potential for undertaking study in ASTEP at Washington University Sleep Medicine Center. The information supplied in this form will be held in strict confidence and will be used only for the purposes of assessing the applicant's qualifications for admission. **If you wish to write a personal letter to supplement this form, please feel free to do so and attach it to this form.** If the applicant does not waive the right of access, this form will be accessible to the applicant. Please accept our thanks for your help.

Please return the form TO THE APPLICANT in an envelope with your signature across the seal on the back flap.

1. How long and in what capacity have you known the applicant?

2. Does this applicant possess any special strengths of which the Admissions Committee should be aware?

3. Please rate the applicant's potential as a prospective sleep technician.

	Excellent (upper 10%)	Above Average (11-20%)	Average (21-50%)	Below Average (<50%)	No Basis for Judgment
Maintains Professionalism under stress					
Appreciation for diversity					
Concern for others					
Self-confidence					
Leadership ability					
Awareness of personal strengths and limitations					
Ability to work with others					
Uses constructive feedback to modify behavior					
Written communication skills					
Interpersonal communication skills					
Verbal presentation skills					
Academic performance					
Ability to integrate information					
Personal and academic resourcefulness					
Social and emotional maturity					
Personal integrity					
Judgment					
Solves conflict appropriately					
Problem solving ability					
Demonstrates creativity					
Personal initiative					
Manages multiple tasks and meets obligations					
Flexibility					

4. Have you observed any weaknesses or liabilities, which would in any way affect the applicant's performance in the Accredited Sleep Technology Education Program at Washington University Sleep Medicine Center?

5. Recommendation for Admission:

I would strongly recommend

I would recommend

I would recommend with reservations

I would not recommend

Signature

Position/Title

Print Name

Organization

Street Address

City

State

Zip Code

Phone Number

Date