



Cleveland Clinic

Mercy Hospital

Cleveland Clinic Mercy Hospital Sleep Center ASTEP Application

Name: _____
Last First Middle

I am over the age of 18: Yes No

Address:

Street City State Zip Code

(____) _____
Primary Telephone Number Email Address

Emergency Contact Information:

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

Educational Background:

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

Name of College/University	Location (City and State)	Dates Attended (Years)	Degrees Earned



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Highest Degree Completed:

High School	Master's
Certificate	Doctorate (PhD, EdD, etc.)
Associate's	Professional (JD, MD, etc.)
Bachelor's	

Additional Information:

Are you proficient in English? Yes No

Are you able to attend the ASTEP program without Visa sponsorship? Yes No

Cleveland Clinic is unable to sponsor student Visas for participants in this program. If you do have a Visa sponsor, an endorsed I-20 document or letter confirming the sponsor's approval of your participation in the ASTEP program is required.

Statement of Purpose:

In an essay of about 250 words, tell us why you chose this program, what you expect to get out of this course and what your professional goals are.

Attestation:

I attest that the above information is accurate and truthful.

Applicant's Signature: _____ **Date:** _____



Please e-mail the following application materials to ASTEMERCY@CCF.ORG.

- Completed application
- Resume
- Current CPR
- High school diploma
- Statement of Purpose
- I-20 document OR letter from Visa sponsor (international students ONLY)

Disability Accommodations

Applicants and enrolled students with a disability, who are pregnant or have a related medical condition, may request reasonable accommodations during the admissions process or anytime during their course of study by contacting Randi Myers, Program Manager of Student Affairs and Alumni Relations, at myersr11@ccf.org.

Payment of Tuition

Upon acceptance into the ASTEP Program, tuition must be paid in full for \$1,750.00. Tuition payments are accepted through the program's tuition payment system by the student or another party authorized to pay on the student's behalf. Students who will have their tuition paid for by another party, such as an employer, should forward the instructions and payment link to the appropriate party for payment. Tuition must be paid in full before the scheduled start date of classes or the student will be prohibited from attending the program.

Applicant Demographic Survey

Thank you for your interest in applying to the ASTEP program at Cleveland Clinic Mercy Hospital. Cleveland Clinic's educational programs value everyone throughout our organization, regardless of background or culture. A welcoming and inclusive environment for students and equal access to appropriate care for our patients are essential to fulfilling our vision of being the best place for care anywhere and the best place to work in healthcare. We welcome students from all backgrounds and cultures.

Please help us better understand our program applicants' characteristics by completing this brief voluntary demographic survey. Whether or not you choose to complete the survey and the answers provided will have no impact on your program application.

[Click here](#) to access the Applicant Demographic Survey.