Areté Sleep Health

A-Step Registration

Location: Phoenix, AZ ☐ Hillsboro, OR ☐

1. PERSONAL INFORMATION

Name: _____ Gender: ☐ M ☐ F
Last First Middle

Address: _____

City:_____ State:_____ Zip: _____

Phone #: _____ Cell #: _____

Email: _____

Emergency Contact Name: _____
Last First

Emergency Contact Phone #: _____

2. BACKGROUND

High School Graduate or GED ☐ Y ☐ N

Associate Degree in Science of Health Related Field ☐ Y ☐ N

If yes, please describe degree obtained: _____

BLS certification ☐ Y ☐ N Exp. _____

Have you ever completed the following courses?

Medical Terminology ☐ Y ☐ N

Anatomy & Physiology ☐ Y ☐ N

Chemistry ☐ Y ☐ N

Biology ☐ Y ☐ N

3. **PHYSICAL REQUIREMENTS**

In order for our students to successfully complete the course syllabus the following minimum physical abilities are required. If you are not able to complete the below physical abilities, please describe in the comment section following.

	☐ Y	☐ N
Stand	___	___
Reach with Hands	___	___
Climb	___	___
Talk	___	___
Hear	___	___
Visual Acuity	___	___
Walk	___	___
Sit	___	___
Stoop, kneel, crouch or crawl	___	___
Lift or move up to 50 lbs frequently	___	___

Comments:_____
_____
_____

4. **REFERENCES**

Name: _____ Phone #: _____

☐ Work ☐ Personal

Name: _____ Phone #: _____

☐ Work ☐ Personal

Name: _____ Phone #: _____

☐ Work ☐ Personal

5. **BILLING INFORMATION**

In order to gauge individuals truly interested in taking our course, there is a mandatory ***NON-REFUNDABLE*** *deposit of* ***$500*** *due at the time of registration. The remainder of the tuition is due five days prior to the first day of class. Please fill out our Payment Form along with this registration form.*