



Admissions Check Sheet

**Thank you for your interest in Sandusky Career Center!
Please complete the following steps for admission.**

1. Application:

Students are encouraged to apply early to ensure timely completion of the enrollment process. Fill out and return the enclosed Application for Admission, fee, **and all accompanying documentation** by mail, email, fax, or in person to:

Email: askcareercenter@scsbluestreaks.net

Fax: 419-621-2850

Mail: Sandusky Career Center
4501 Venice Heights Blvd.
Sandusky, Ohio 44870

2. Pre-entrance Assessments (WorkKeys®):

A pre-entrance assessment is required of all applicants. Required assessments may include Applied Math, Workplace Documents, and/or Graphic Literacy. To schedule assessments, please call the SCC office. Minimum required scores for your specific program must be achieved on assessments to continue with the application process.

3. Criminal Background Check:

Individuals working in certain public career fields are required by law to obtain a criminal background check. Applicants **must** present a valid Driver's License or State ID at the time of being fingerprinted.

4. Attend an Admissions Information Interview:

Attendance at an Admissions Information Interview is a prerequisite to all of the Sandusky Career Center programs. These sessions will address questions and concerns related to your enrollment in one of our programs and financial aid.

5. Financial Aid – Complete FAFSA: Sandusky Career Center School Code: 026200

Once SCC has received your Application for Admission and completed FAFSA, the Financial Aid Coordinator will contact you to go over details and to set up a meeting with you. **You may start applying for aid right away. Do not wait until you are accepted into the program.**

6. High School / High School Equivalency / Postsecondary Transcripts:

Contact the high school and all postsecondary schools from which you graduated and request an official transcript be sent to Sandusky Career Center by mail, email, or fax using the information provided in Step 1. If you received a form of high school equivalency, you can go to www.diplomasender.com to order a copy of your official transcript to be emailed to askcareercenter@scsbluestreaks.net.

7. Program Specific Admissions Requirements:

Applicants may be obligated to complete program specific requirements in addition to the information listed above.

If you have any questions regarding the admission process, please contact SCC office at 419-984-1100.



Program Specific Requirements LPN & LPN to RN Programs

1. Complete all items on “Admissions Check Sheet”
2. Complete and return WITH application and fee:
 - Clinical Availability Form
 - Mental and Physical Requirements Form
 - Covid & Flu Vaccines Form
 - Professional References Form
 - Essay of 500 words or less on “Why do you want to be an LPN?”

****Deadline to complete the above is September 30, 2024****

3. Schedule to take WorkKeys assessments at SCC within 30 days of turning in application packet; test scores from sites outside of SCC will not be accepted
4. Have transcripts from all educational institutions mailed, faxed, or emailed directly to Sandusky Career Center
5. Attend an Admissions Information Interview and Financial Aid meeting
6. Pay \$35 orientation fee, after acceptance letter has been received
7. Turn in physical form (dated within past year)
8. Turn in Proof of Immunizations:
*Titer is accepted (taken less than 3 years ago)
 - 2 Step TB Test, T-Spot
 - Hepatitis B Series
 - MMR (measles-mumps-rubella)
 - Tetanus
 - Varicella (chicken pox)
 - Covid
 - Flu

****You may submit your documents to:**

Sandusky Career Center
4501 Venice Heights Blvd
Sandusky, Ohio 44870
Email: askcareercenter@scsbluestreaks.net
Fax: 419-621-2850

If you have questions regarding the enrollment procedure, please contact:
Sandusky Career Center at 419-984-1100



APPLICATION FOR ADMISSION
2024-2025

Sandusky Career Center

4501 Venice Heights Blvd, Sandusky, Ohio 44870

**Please return application with non-refundable processing fee of \$125.
Please be sure that all information requested has been documented on this form.**

Name _____
First Middle Last

Aliases/Maiden Name _____ Nickname _____

Social Security Number _____ Driver's License State and # _____

Mailing Address _____

Home Phone _____ Cell Phone _____
City State Zip

Birth Date _____ Age _____ Race _____

Male Female Nonbinary Other Prefer not to answer

Email Address _____ Marital Status _____

Emergency Contact _____
Name Relationship Phone number

Have you ever been convicted of a felony? Yes No
(If yes, please attach an explanation. Please be advised in some cases sealed or expunged records may be considered for acceptance into some occupational programs, i.e. healthcare.)

Have you ever been convicted of, pleaded guilty to, or had a judicial finding of guilt for a misdemeanor of moral turpitude? Yes No

Are you currently under indictment for a felony or misdemeanor involving moral turpitude? Yes No

Are you a United States citizen? Yes No
(If no, what is your current country of citizenship? _____)

Do you have immigration status? Yes No

How did you hear about the Sandusky Career Center? _____

Previous Academic Information

Are you or will you be a high school graduate? Yes No Actual/projected graduation date _____

Name of High School attended _____ City _____ State _____

If you are not a high school graduate, have you passed the GED test? Yes No
If you are not a high school graduate, last grade completed: 9 10 11 12

Have you previously attended the Sandusky Career Center? Yes No

If yes, did you complete the program attended? Yes No

Have you ever attended another college or Adult Education program? Yes No

The Sandusky Career Center hereby gives notice that it does not discriminate on the basis of race, color, national origin, religion, sex and disability in the educational programs and activities operated by the district. It is the policy of the Sandusky Career Center that educational programs and activities are provided without regard to race, color, national origin, religion, sex and disability. No student shall be denied admission to the Sandusky School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex and disability or any other basis of unlawful discrimination.

If yes, please list all schools attended:

School	Dates	Degree

****Official transcripts must be sent directly from any school you have attended.****

Entrance Testing

You may schedule your **WorkKeys®** assessment date when turning in your complete application and fee. Potential LPN and RN students are required to take the **WorkKeys®** assessments at Sandusky Career Center within 30 days of turning in their application.

Course Selection

- | | |
|---|---|
| <input type="checkbox"/> Advanced Cosmetology (1800 CREDIT HOURS) | <input type="checkbox"/> Licensed Practical Nursing (FULL-TIME) |
| <input type="checkbox"/> Cosmetology (1500 CREDIT HOURS) | <input type="checkbox"/> LPN to RN Diploma Program (PART-TIME) |
| <input type="checkbox"/> Barber | <input type="checkbox"/> LPN to RN Diploma Program (FULL-TIME) |
| <input type="checkbox"/> Licensed Practical Nursing (PART-TIME) | <input type="checkbox"/> Police Academy |

Financial Aid

How do you plan to fund your program? Check all that apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Employer Assistance | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Financial Aid (grants and student loans) | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Government Funding (OOD, TAA, WIOA, LYFE, etc.) | <input type="checkbox"/> Self-pay |

Application Agreement

I certify that the information I have provided on the admission application is true and accurate to the best of my knowledge. Knowingly providing false information may lead to dismissal from the Sandusky Career Center.

Signature of Applicant _____ Date _____

Applications must be completed and returned to Sandusky Career Center with all required documents by the application deadline in the program specific form.

The Sandusky Career Center reserves the right to extend the start date or cancel a program due to insufficient enrollment, up to the day the program is to begin.

OFFICE USE ONLY

Application Fee Paid Date: _____ Receipt Number: _____ Amount: _____

Cash Money Order Number: _____ Check Number: _____

Credit Card #: _____ Credit Card Type: _____ Expiration Date: _____

Application received by: _____ (initials) WorkKeys® Assessment Date: _____

Notes: _____

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Clinical Availability Form

Is there a healthcare facility within a 60 mile radius of Sandusky Career Center in which you left employment negatively and cannot attend clinicals in that location?

Yes _____ No _____

If yes, please provide the name of the facility:

Signature of Applicant

Date

If this document is falsified, Sandusky Career Center can terminate your enrollment. If you require further explanation of this document, please contact the program coordinator prior to signing.

LPN Coordinator: Brenda Sparks - (419) 984-1916

RN Coordinator: Elizabeth Moots - (419) 984-1870



Mental and Physical Requirements Form

Success as a health care provider depends on many variables. Among them is academic ability and certain technical abilities or competencies. Most health care positions involve standing for long hours and performing activities that require mobility. The inability to meet these competencies may interfere with meeting the course and program objectives and therefore may result in termination from the program. Health care workers need to be able to:

1. Carry out procedures that prevent the spread of infection (examples: frequent hand washing, using a mask and gloves, creating and maintaining sterile fields, and etc.);
2. Lift and transfer patients, with appropriate assistance if needed, up to 6 inches from a stooped position; then push or pull the patient up to 3 feet from a stooped to an upright position to accomplish bed-to chair and chair to bed transfers;
3. Physically apply adequate pressure to effectively control bleeding or perform CPR;
4. Respond and react immediately to instructions/requests, monitor equipment and perform auscultation (example: listen to a patient's heart sounds through a stethoscope and respond immediately to any noted problems);
5. Satisfactorily complete clinical /laboratory experiences up to and including 12 hours in length;
6. Demonstrate ability to effectively perform a variety of nursing tasks involving observation of objects and person, depth and color perception, and paperwork;
7. Tactilely discriminate between sharp/dull and hot/cold;
8. Perform mathematical calculation for medication preparation and administration;
9. Communicate effectively and appropriately, both orally and in writing;
10. Students are prohibited from being on school premises, including clinical sites, under the influence, possessing, consuming, using or distributing alcoholic substances, illegal drugs, and or legal prescriptive drugs that could alter your mental status. Prior to clinical, an unannounced drug screening will be done. This could be urine, saliva or hair. If the results come back as positive that the student has an illegal substance without a valid prescription, the student is dismissed. If it is a legal substance, but could alter the mental status including safety sensitive work, the student and Director will meet for an action plan. The possession and use of marijuana remains illegal under federal law. Consistent with federal law, the use and/or possession of marijuana continue to be prohibited while a student is on campus, including any time the student is in a clinical experience representing the school. Refusal to allow drug screening at any time is grounds for dismissal. The first drug test is paid for via tuition. If there is reasonable suspicion of an illegal drug or alcohol, the student can be required to do a drug screen at their own cost and the results reported to the Director.
11. Make appropriate decisions in a timely manner when stressful situations arise; and
12. Demonstrate ability to effectively perform nursing tasks using a variety of equipment.

When applying for a license or to be registered, they will ask you a variety of questions about your background and compliance with rules. Below are some of the questions you could be asked. If you do not understand the question, please ask for an explanation BEFORE you sign. If you answer yes to any of the questions, you may be asked to supply additional information, and it is possible the board will not grant you a license or place restrictions on the license.

1. Have you ever been convicted of, found guilty of, plead guilty to, pled no contest to, entered an Alford plea, received treatment or intervention in lieu of conviction, or received diversion for any of the following crimes (this includes crimes that have been expunged if the crime has a direct and substantial relationship to practice)?
 - A misdemeanor committed in the course of practice
 - A felony
 - A crime involving gross immorality or moral turpitude
 - A violation of any federal drug law – this does not include alcohol related offenses.
2. Has any board, bureau, department, agency or other public body in any way limited, restricted, suspended or revoked any professional license or certificate granted to you: placed you on probation, imposed a fine, censure or reprimand you? Have you ever entered into an agreement of any kind, whether oral or written with respect to a professional license in lieu of or in order to avoid formal disciplinary action?
3. Has any board, bureau, department, agency or other public body in any way notified you of any current investigation against you with respect to a professional license?
4. Have you ever been diagnosed as having or have you been treated for pedophilia, exhibitionism, or voyeurism?
5. Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?
6. Have you, since attaining the age of eighteen or within the last five years - whichever period is shorter - been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Your signature will indicate that you have read and understand the above information. If there are any changes to your responses to these questions, the Director is to be notified in writing immediately. Return this form with your application.

Name

Date



Covid & Flu Vaccines Information Form

Applicant Name: _____

Please check one of the following statements.

Yes, I have received the Covid-19 vaccination.

I am NOT getting the Covid-19 vaccination.

Please check one of the following statements.

Yes, I have received the Flu vaccination.

I am NOT getting the Flu vaccination.

Applicant Signature: _____ Date: _____



Professional References Form

Please document the below information for 3 *professional* references that we will contact. Recommendations must come from a current employer, current supervisor, or academic teacher from the past 3 years. No references will be accepted from family members or friends.

1.

Reference Name	Relationship
Company/Hospital	Title
Email Address	Phone Number
# of Years Known	

2.

Reference Name	Relationship
Company/Hospital	Title
Email Address	Phone Number
# of Years Known	

3.

Reference Name	Relationship
Company/Hospital	Title
Email Address	Phone Number
# of Years Known	

Student Signature

Student Name (Please Print)

Date



SCHOOL TRANSCRIPT RELEASE FORM

Students: Please complete this form and **send it to your high school, postsecondary school, college or university** to authorize the release of your transcript to Sandusky Career Center admissions office. Make copies of this form if necessary.

*Transcripts must be “official”; sent in a sealed envelope directly from your school to our Career Center.

**Please be aware that some schools may charge a fee for a transcript. Please contact your school for more information.

Please send an ***official copy*** of this student’s transcript to:

Sandusky Career Center
4501 Venice Heights Blvd
Sandusky, Ohio 44870

Current name of student _____

Your name during high school if different from above _____

Student address _____

City _____ State _____ Zip _____

Date of birth _____ Year of graduation _____

Name of school _____

Phone _____

I, the undersigned, consent to the release of my school transcript to the Sandusky Career Center.

Student’s Signature

Date



Physical Examination Form

Student Name: _____ DOB: _____

Physician Name and Address: _____

Physical Examination

Height: _____ Weight: _____
Temperature: _____ Pulse: _____
Respiration: _____ Blood Pressure: _____

General Appearance	WNL	Except: _____
Skin	WNL	Except: _____
HEENT	WNL	Except: _____
Eyes	WNL	Except: _____
Hearing	WNL	Except: _____
Respiratory	WNL	Except: _____
Cardiovascular	WNL	Except: _____
Neurological	WNL	Except: _____
Musculo-Skeletal	WNL	Except: _____
Lifting Ability	WNL	Except: _____
Abdomen	WNL	Except: _____

Is this individual fit for duty and free of communicable disease? Yes ____ No ____
*If no, please explain _____

Does this individual have any condition(s) that might subject them to an emergency in the classroom, laboratory, or clinical setting? Yes ____ No ____
*If no, please explain _____

After this examination, do you believe that this person's health history and physical and mental health findings justify his/her undertaking the Nursing Program, including clinical experience with direct patient contact in healthcare agencies?

Yes No *If no please explain _____

Physician's Signature: (MD, DO, or NP) _____
Date: _____



Tuberculosis Skin Test Form

Patient Name: _____

Testing Location: _____

Step 1

Date Placed: _____

Site Placed: Right Left

Lot#: _____

Expiration Date: _____

Signature (Administered By): _____

Date Read (within 48-72 Hours from date placed): _____

Induration (please note in mm): _____ mm PPD (Mantoux) Test Result: _____

Signature (Results Read By): _____

Step 2

Given no sooner than 7 days after first step

Date Placed: _____

Site Placed: Right Left

Lot#: _____

Expiration Date: _____

Signature (Administered By): _____

Date Read (within 48-72 Hours from date placed): _____

Induration (please note in mm): _____ mm PPD (Mantoux) Test Result: _____

Signature (Results Read By): _____



Paying For Your Education

Your education is a big investment. There are several ways to plan for payment.

Payment Plans

Sandusky Career Center offers a convenient, interest free payment plan.

Employer Education Assistance Plans

Does your employer assist with continuing education? If so, you may be able to get assistance with program expenses.

Scholarships

Many local and national organizations offer scholarships. Sandusky Career Center will accept scholarships, and will work with the awarding organization to provide any required documentation.

Government Funding

There are several local, state, and federal programs available, including the following:

Opportunities for Ohioans with Disabilities – (OOD) Financial assistance may be available from this agency for students with physical, mental or emotional disabilities that present a handicap to employment. Partial to total aid may be available to cover tuition, books, and supplies. For more information, please visit <https://ood.ohio.gov/Services/Vocational-Rehabilitation>

Trade Adjustment Act (TAA) – Individuals who have lost their job due to foreign trade may be eligible to receive assistance through the Trade Adjustment Act. If your employer indicates you are eligible, SCC will help with the paperwork for this benefit.

Workforce Innovation and Opportunity Act (WIOA) - Financial assistance may be available from this program for adults and youth who qualify. Please contact your local Ohio Means Jobs center for more information and eligibility requirements. For more information, please visit <https://jfs.ohio.gov/owd/WIOA/>

Youth Programs – Funding may be available for youth ages 16-24. Partial to total aid may be available to cover tuition, books, and supplies if specific criteria are met. Some of the criteria include: Pregnant/Parenting, Disability, Aged out of Foster Care, Homelessness, English Language Learner. Contact your local Ohio Means Jobs office for more information.

Financial Aid - Students are encouraged to apply for federal financial aid by completing the Free Application for Federal Student Aid (FAFSA) online. There are two main types of aid including the Pell Grant (gift aid that does not need to be repaid) and Student Loans (money borrowed from the government that is repaid after training). Students can obtain assistance in completing their FAFSA by contacting the Adult Education Office.

Arranging Your Financial Obligations

All students are **required to meet with financial aid** to discuss their financial plan. The financial aid coordinator will reach out to you to schedule this mandatory appointment. If you have questions prior to this meeting, please call 419-984-1104.



Free Application for Federal Student Aid (FAFSA) Guide

Filing the FAFSA[®] does not obligate you to attend school or use financial assistance in any way; however, it must be completed to determine financial aid eligibility. Financial aid is available for most of our programs that are 600+ clock hours.

Step 1

Gather items that will assist you in completing the FAFSA[®], for example: Your social security number, tax return from 2022, current bank statements, untaxed income (such as workers' compensation and disability), child support received January 2022 - December 2022, and etc. Go to [StudentAid.gov](https://studentaid.gov) to complete the FAFSA[®] form.

Step 2

Do you and each of your Contributors (*see Step 3 for who is a Contributor*) have a Federal Student Aid (FSA) ID username & password? Please visit [StudentAid.gov](https://studentaid.gov) to either create or retrieve your individual FSA ID for yourself and each contributor must have an FSA ID as well.

Step 3

Determine if you are required to add any *CONTRIBUTORS* to your FAFSA[®], and gather the following information from them:

Name > Date of Birth > Social Security Number > Email Address

Your Contributors will receive an email to “contribute” their information to your FAFSA after you enter their information into your FAFSA.

WHO ARE YOUR CONTRIBUTORS?

Under Age 24? (Not married? Not supporting any children? Not in military?) – You are *DEPENDENT*

- Your parent and their current spouse are your contributors, and they must each contribute to your FAFSA in order to receive Federal Student Aid.
- If your parents are divorced or separated, the parent who provided the most financial support in the last calendar year will complete the FAFSA with you. If that parent has remarried, you must include their current spouse as a contributor as well.
- Even if neither parent provided you support, they are required to provide their information into the FAFSA form for you to receive Federal Student Aid.

Age 24 or older? (Or under age 24 but meet a condition above) – You are *INDEPENDENT*

- Your spouse is a contributor (if married as of the date of filing FAFSA[®]).
 - If you are married as of the date of filing your FAFSA[®], but you did not file a joint tax return in 2022, your spouse MUST still be a contributor and provide consent and approval to access their tax information.

Step 4

Your consent and approval is needed to retrieve and disclose federal tax information (FTI). With your consent and approval, tax return information is obtained automatically from the IRS to help you complete the FAFSA[®] form.

If you (or one of your contributors, if required) don't provide consent and approval, you will not be eligible for federal student aid, including grants and loans. **You must provide consent and approval even if you didn't file a U.S. federal tax return or any tax return at all.**

Step 5

You will answer questions regarding gender, race, and ethnicity. Please note that these have no effect on federal student aid eligibility and are included for statistical purposes and data collection only.

Step 6

Assets questions must be completed; if not applicable, you must still enter \$0:

- Enter total cash on hand, plus savings and checking account balances as of day filling out the FAFSA®
- Net worth of investments including real estate (do NOT include the value of the home you live in, and do NOT include retirement investments)
- Net worth of family farms and small businesses are now required to be reported (enter the net worth of the business or for-profit agricultural operations. Net worth is the value of the business or farms minus any debts owed against them).

Step 7

When you get to School Selection screen, please choose Sandusky Career Center as your school by entering our federal school code which is **026200**. Note: You can add up to 20 schools you are interested in attending for the FAFSA award year. By adding a school, you are allowing their financial aid office to access your information.

Step 8

Once you have entered all your information, you will need to agree to the terms and "sign" your FAFSA. If you have any required *Contributors*, they will need to complete their contributor section through their email invitation. Once all your Contributors complete and approve consent and sign their portions, your FAFSA will be submitted for processing.

Step 9

If there are any issues that need to be resolved we will contact you and may ask you to schedule an appointment, or you may receive a request for verification from the financial aid office. The verification paperwork will need to be completed before your financial aid can be processed.

Step 10

Need loans? If you would like to borrow student loans to assist with school, you will need to complete the **Master Promissory Note** and **Student Loan Entrance Counseling**. Both are available at StudentAid.gov under the header "Loans and Grants." Use your FSA ID to log into these online forms.

Step 11

Once you have been accepted into the program you applied for and your FAFSA has no unresolved issues, a financial aid offer will be prepared for you. You will receive contact by phone or email from the financial aid coordinator to schedule your required appointment to go over your financial aid offer.



WorkKeys® Test Information

Test Information:

The WorkKeys® Test identifies skill and ability through performance based testing. The results will aid schools and employers in assessing career readiness, both skilled and professional. The test consists of three subjects: Applied Math, Graphic Literacy and Workplace Documents. The tests are computer based (online testing) and are 55 minutes in length for each. It will be necessary to allow 3 ½ hours for a test session including all 3 tests. If you would like to divide your tests across multiple sessions, please let us know.

Program Score Requirements:

Program	Test	Scores
Barber	Applied Math	3
	Graphic Literacy	3
	Workplace Documents	4
Cosmetology	Applied Math	3
	Graphic Literacy	3
	Workplace Documents	4
LPN	Applied Math	5
	Graphic Literacy	5
	Workplace Documents	5
LPN to RN	Applied Math	5
	Graphic Literacy	5
	Workplace Documents	5
Police Academy	Applied Math	4
	Graphic Literacy	4
	Workplace Documents	4
STNA		
	Workplace Documents	3

NOTE: There are only 7 seats available per testing date. Please schedule your exam as soon as possible.

Testing Tips:

- Spread tests across multiple sessions, if need be.
- Get a good night's rest the night before.
- Eat a good breakfast.
- Read the test directions closely.
- Read each question closely.
- Relax.
- Remember to BREATHE!



How to Prepare for WorkKeys®

➤ Ohio Means Jobs

Please follow the below steps:

1. Go to <https://jobseeker.ohiomeansjobs.monster.com/Assessments/Home.aspx>.
2. Under the Assessments and Training title you will see four practice tests listed on the screen: WorkKeys® Applied Math Practice Test 1, WorkKeys® Graphic Literacy Practice Test 1, WorkKeys® Workplace Documents Practice Test 1, and PC Hardware, Software, and Network Basics.
3. Next to each test is a Launch button. Click the Launch button next to the test that you want to take.
4. A “Confirmation Required” box will pop-up. Read the information and choose Continue or Cancel. If you choose Cancel, the box will disappear. If you choose Continue, you will be directed to the test.
5. You have the option of three testing modes on the right side of the screen: simulation, practice and learner with explanations for each.
6. Choose the mode that best suits your needs, and click the “Start Test” button.

➤ ACT WorkKeys Website

Please follow the below steps:

1. Go to <https://www.act.org/content/act/en/products-and-services/workkeys-for-job-seekers/preparation.html>.
2. Under Online Practice Test, choose the blue box that says “Select a Practice Test” with an arrow.
3. A login screen will pop-up. Click the “Create Account” option.
*This account is free.
4. Fill in required information and click Continue.
5. On the screen that comes up, click “Select a New Title.” Click the circle next to the exam you would like to study and click “Select.”
6. When the exam shows, choose “Launch.”
7. Once you have completed the assessment, you can “Select a New Title” and do another exam. You are able to do one exam more than one time.

➤ Google

Please follow the below steps:

1. Go to www.google.com.
2. Type in “ACT WorkKeys Practice Exams.”

➤ WorkKeys® Preparation Classes

Classes are available in Room 18 at Sandusky Career Center, 4501 Venice Heights Blvd., Sandusky, Ohio, 44870. Please call 419-984-1135 for more information.