



# Sandusky CAREER CENTER



4501 VENICE HEIGHTS BLVD.  
SANDUSKY, OH 44870  
P: 419.984.1100  
W: SANDUSKYCAREERCENTER.ORG  
E: ASKCAREERCENTER@SCSBLUESTREAKS.NET

## ADMISSIONS CHECK SHEET

- ☐ **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:  
  
Mail: Sandusky Career Center  
4501 Venice Heights Blvd.  
Sandusky, Ohio 44870  
Email: askcareercenter@scsbluestreaks.net  
Fax: 419-621-2850
- ☐ **2. Pre-entrance Assessments (WorkKeys®):**  
Once you turn in your application and fee, your required pre-entrance ACT WorkKeys® assessments will be scheduled by front office staff. Required assessments may include Applied Math, Workplace Documents, and/or Graphic Literacy. Minimum required scores for your specific program must be achieved on assessments to continue with the application process.
- ☐ **3. Criminal Background Check:**  
All students applying for a career program at SCC must obtain a criminal background ground check. Upon passing your assessments, applicants will be given a background check, conducted at Sandusky Career Center. You must present a valid Driver's License or State ID at the time of being fingerprinted.
- ☐ **4. Financial Aid – Complete FAFSA: Sandusky Career Center School Code - 026200**  
Start applying for financial aid right away. Do not wait until you are accepted into the program. Your financial aid package will be reviewed with you by the Financial Aid Coordinator at your Admissions Interview Session.
- ☐ **5. Attend an Admissions Information Session:**  
Attendance at an Admissions Information Session is a prerequisite of all SCC programs. This can be a group or individual session. It will address questions and concerns related to your enrollment in one of our programs and financial aid. This will be scheduled by front office staff.
- ☐ **6. High School / High School Equivalency / Postsecondary Transcripts:**  
Contact the high school and all postsecondary schools which you attended 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](http://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 at 419-984-1100.

1. Complete and return **WITH** application and fee:

- Clinical Availability Form
- Mental and Physical Requirements Form
- Covid & Flu Vaccines Form
- Professional References Form

**\*\*Deadline to turn in the application AND forms is October 10, 2025\*\***

2. 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.

3. Complete a criminal background check in the Sandusky Career Center office.

4. Attend an Admissions Information Session and Financial Aid meeting that will be scheduled by the office, once you have passed all your WorkKeys® assessments.

5. Have transcripts from all educational institutions attended mailed, faxed, or emailed directly to Sandusky Career Center.

## After Being Accepted

After being accepted, turn in the following items no later than 11/14/2025.

6. Turn in physical form (dated within past year)

7. Turn in Proof of Immunizations:

\*Titer is accepted (dated less than 3 years ago)

- 2 Step TB Test, T-Spot
- Hepatitis B Series
- MMR (measles-mumps-rubella)
- Tetanus (dated within last 10 years)
- 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

# Application for Admission

Please return application with non-refundable processing fee of \$125, if applicable.  
**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 & Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Gender ☐ Male ☐ Female Identify as \_\_\_\_\_

Email Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name) (Relationship) (Phone)

**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? \_\_\_\_\_  
If no, do you have immigration status? \_\_\_\_ Yes \_\_\_\_ No

**How did you hear about the Sandusky Career Center?** \_\_\_\_\_

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.



# Application for Admission

**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

If yes, please list all schools attended:

School	Dates	Degree

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

**Do you have transcripts that need to be reviewed for potential transfer credits?**

☐ Yes ☐ No

## Entrance Testing

Your WorkKeys® assessment will be scheduled within 30 days of submitting your complete application and fee. Potential **LPN and RN students** are required to take the WorkKeys® assessments at Sandusky Career Center.

## Course Selection (Check one)

☐ Advanced Cosmetology – 1800 Clock Hours  
☐ Cosmetology – 1500 Clock Hours  
☐ Barber  
☐ Hospitality  
☐ Licensed Practical Nursing – 1 Year Program

☐ Licensed Practical Nursing – 2 Year Program  
☐ LPN to RN Diploma Program – 1 Year Program  
☐ LPN to RN Diploma Program – 2 Year Program  
☐ Police Academy  
☐ STNA

## Financial Aid

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

☐ Employer Assistance  
☐ Financial Aid (grants and student loans)  
☐ Government Funding (OOD, WIOA, LYFE, etc.)

☐ Loans  
☐ Scholarships  
☐ Self-pay

## Application Agreement

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applications must be completed and returned to Sandusky Career Center with all required documents by the application deadline listed in the program specific requirements. 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: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Cash Money Order #: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

WorkKeys® Assessment Date: \_\_\_\_\_ Notes: \_\_\_\_\_

## 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 \_\_\_\_\_ 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.

## Mental & 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 student fees. If there is reasonable suspicion of illegal drug or alcohol use, 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.

## Mental & Physical Requirements Form, Cont'd

When registering for a nursing license, the Board of Nursing 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 will 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.**

Signature \_\_\_\_\_ 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.

☐ I don't have it, but I am willing to get 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.

☐ I don't have it, but I am willing get the Flu vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Professional References Form

Please document the below information for 3 **professional** references. **An email address is required.** 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.** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Hospital/School \_\_\_\_\_  
Title \_\_\_\_\_ **Email** \_\_\_\_\_  
Phone Number \_\_\_\_\_ # of Years Known \_\_\_\_\_

**2.** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Hospital/School \_\_\_\_\_  
Title \_\_\_\_\_ **Email** \_\_\_\_\_  
Phone Number \_\_\_\_\_ # of Years Known \_\_\_\_\_

**3.** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Hospital/School \_\_\_\_\_  
Title \_\_\_\_\_ **Email** \_\_\_\_\_  
Phone Number \_\_\_\_\_ # of Years Known \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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 and sent in a sealed envelope directly from your school to Sandusky Career Center if mailed. Official transcripts can also be emailed directly from the institution.

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 Boulevard  
Sandusky, Ohio 44870  
askcareercenter@scsbluestreaks.net

Current Name of Student \_\_\_\_\_

Name in High School if different from above \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name of School(s) \_\_\_\_\_

Phone \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Physical Examination Form

Student Name (Please Print) \_\_\_\_\_ DOB \_\_\_\_\_

Physician Name & 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 yes, please explain* \_\_\_\_\_

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

☐ Yes ☐ No

*\*If no, please explain* \_\_\_\_\_

Physician's Signature (MD, DO, or NP) \_\_\_\_\_ Date \_\_\_\_\_



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# Application for Admission

## 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 placed) \_\_\_\_\_

Induration (please note in mm) \_\_\_\_\_ mm

PPD (Mantoux) Test Result \_\_\_\_\_

Signature (results read by) \_\_\_\_\_

### Step 2 (Given no sooner than 7 days after 1st Step)

Date Placed \_\_\_\_\_ Site Placed ☐ Right ☐ Left

Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature (Administered by) \_\_\_\_\_

Date Read (within 48-72 hours from 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 accepts 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>.

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 office 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, and English Language Learner. Contact your local Ohio Means Jobs office for more information.

Financial Aid - All students are encouraged to apply for federal financial aid by completing the Free Application for Federal Student Aid (FAFSA) online at <https://fafsa.gov>. 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 at 419-984-1100.

### **Arranging Your Financial Obligations**

**All students are required to meet with financial aid to discuss their financial plan.** The financial aid coordinator will meet with you the same day as your Admissions Information Session. If you have financial 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 2023, current bank statements, untaxed income (such as workers' compensation and disability), child support received January 2023 - December 2023, 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, and 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 2023, your spouse **MUST** still be a contributor and provide consent and approval to access their tax information.

### Step 4

Your consent and approval are 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.

## FAFSA Guide, Cont'd

### 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](https://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® assessments identify skill and ability through performance-based testing. The goal of these assessments is to make sure you are well prepared for success in your training program. The assessments consist 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. It is best to divide your tests across multiple sessions.

### Program Score Requirements:

PROGRAM	TEST	SCORE
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
HOSPITALITY	Workplace Documents	3
STNA	Workplace Documents	3

### How to Do Well on WorkKeys®:

- Do the practice tests
- Spread the tests across multiple sessions; we recommend taking Applied Math by itself

### On Test Day:

- Get a good night's rest & eat breakfast
- Arrive early
- Read the test directions closely
- Read each question carefully
- Relax & remember to BREATHE!

## 2025 WorkKeys® Testing Dates

Students canceling a test must give 24-hour advance notice. If notice is not received, tester will be assessed a \$25 fee per subject to register again. Students required to retest will also be assessed a fee of \$25 per subject, which has to be paid in advance of the rescheduled test date. Fee is payable directly to the Sandusky Career Center office. ***The Sandusky Career Center reserves the right to cancel a test date if the number of applicants registered is insufficient.***

March 7	Friday	9:00 AM
March 19	Wednesday	5:00 PM
April 11	Friday	9:00 AM
April 30	Wednesday	5:00 PM
May 7	Wednesday	5:00 PM
May 30	Friday	9:00 AM
June 13	Friday	9:00 AM
June 25	Wednesday	5:00 PM
July 18	Friday	9:00 AM
July 23	Wednesday	5:00 PM
August 1	Friday	9:00 AM
August 6	Wednesday	5:00 PM
August 15	Friday	9:00 AM
August 27	Wednesday	5:00 PM
August 29	Friday	9:00 AM
September 5	Friday	9:00 AM
September 10	Wednesday	5:00 PM
September 24	Wednesday	5:00 PM
September 26	Friday	9:00 AM
October 3	Friday	9:00 AM
October 8	Wednesday	5:00 PM
October 17	Friday	9:00 AM
October 22	Wednesday	5:00 PM
November 5	Wednesday	5:00 PM
November 14	Friday	9:00 AM
December 10	Wednesday	5:00 PM



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# Application for Admission

## Free WorkKeys® Test Preparation

The Sandusky Career Center offers individual and/or small group WorkKeys® prep sessions, **FREE OF CHARGE!**

Many students benefit from WorkKeys® test prep sessions, particularly if they have been out of school for more than 1 to 2 years. Our teachers are very familiar with the subjects covered on WorkKeys® so your test prep time will be geared specifically to the tests and personalized to your needs.

We know students learn in different ways, so we offer both in-person and online test prep options.

### How Do I Sign Up?

Contact Kris Thompson

419-984-1135

[kthompson@scsbluestreaks.net](mailto:kthompson@scsbluestreaks.net)

Or stop in SCC Room 19 any Monday-Thursday from 9am-12pm.

No appointment is needed.



## WorkKeys® Test Practice

### Ohio Means Jobs

Please follow the below steps:

1. Go to [ohiomeansjobs.ohio.gov/job-seekers/build-your-career](http://ohiomeansjobs.ohio.gov/job-seekers/build-your-career)
2. **Under** "Take the Guided Tour" (towards the middle of the page) click on the box for WorkKeys®
3. Select a test and click "launch"
4. A confirmation box will appear, if you would like to save test scores you will be required to create an account which is at no cost (go to "My Profile" and register) OR you may click continue and your scores will not be saved
5. Select your test mode. There are 3 different test modes. It is recommended you start with the *learner mode*, especially for math, as it is a learning tool
6. Click "Start Test" button
7. A second practice test is available if you return to the OMJ Assessments page and type "WorkKeys® Practice Test 2" in the search bar

### ACT WorkKeys® Website

Please follow the below steps:

1. Google search [success.act.org/workkeyspracticetest](http://success.act.org/workkeyspracticetest)
2. Select the link that says "Workkeys Assessments Online Practice Test"
3. You will see "Welcome to the ACT Knowledge Hub"
4. Halfway down the page, under System Requirements, select "Here" to access a practice test
5. Create an account. It is free.
6. Continue, select a test, and "Launch"
7. Complete as many practice tests as you like

### A10 WorkKeys® Practice Tests

Please follow the below steps:

1. Go to [workkeyspracticetest.com](http://workkeyspracticetest.com)
2. Complete as many practice tests as you like