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# Program Specific Requirements

## STNA Program

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1. Complete all items on 'Admissions Check Sheet'
2. Complete 2 step TB Test - have form filled out
3. Obtain a physical exam - have form filled out

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

**Sandusky Career Center  
4501 Venice Heights Blvd  
Sandusky, Ohio 44870**

**Email: [askcareercenter@scs-k12.net](mailto:askcareercenter@scs-k12.net)**

**Fax: 419-621-2850**

### **STNA FAQ's:**

#### **What is the difference between STNA and CNA?**

Both titles refer to the same role. STNA is used in the state of Ohio to represent a CNA. STNAs and CNAs provide direct care to patients in hospitals, nursing homes and home care.

#### **What is the difference between an STNA and an orderly?**

STNA: offer patients basic care including cleaning patients, helping them to bathe and use the bathroom, measuring vital signs, helping them to eat meals and listening to their concerns

Orderly: transport patients and clean treatment areas

#### **What can I expect the salary of an STNA to be in Ohio?**

The average salary for a State Tested Nursing Assistant is \$32,222. Salary ranges can vary widely depending on the city, education, certifications, additional skills, and the number of years you have spent in your profession.

#### **How long does it take to complete STNA school?**

STNA classes take about 2 ½ weeks. At Sandusky Career Center, STNA classes are 10 class days and 2 days of clinicals.

#### **What is the work environment like for an STNA?**

Most nursing assistants work in nursing and residential care facilities and in hospitals. They are physically active and may need help to life or move patients.

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



STNA APPLICATION FOR ADMISSION 2023-2024

Sandusky Career Center

4501 Venice Heights Blvd, Sandusky, Ohio 44870

Please return application with non-refundable processing fee of \$50. Please be sure that all information requested has been documented on this form.

Social Security Number \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name \_\_\_\_\_
First Middle Last

Name during high school/Maiden Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ City State Zip

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Male [ ] Female [ ]

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 [ ]

If yes, please list all schools attended:

Table with 3 columns: School, Dates, Degree. Multiple rows for listing schools.

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

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.

## Entrance Testing

You may schedule your **WorkKeys®** testing date when turning in your application and fee.

## 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 Career Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Applications must be completed and returned to Sandusky Career Center by the above application deadlines.**

**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.**

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### OFFICE USE ONLY

Processing Fee Paid: Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Cash       Money Order Number: \_\_\_\_\_       Check Number: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Application received by: \_\_\_\_\_ (initials)      WorkKeys® Testing Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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## WorkKeys® Test Information

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### 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.

### Program Score Requirements:

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

**\*\*NOTE:** There are only 7 seats available per testing date.

Please schedule your exam as soon as possible.

### Testing Tips:

- Get a good nights rest the night before.
- Eat a good breakfast.
- Read the test directions closely.
- Read each question closely.
- Relax.
- Remember to just BREATHE!



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## How to Prepare for WorkKeys®

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➤ **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, you can 'Select a New Title' and do another exam. You are able to do one exam more than one time.

➤ **Google**

1. Go to [www.google.com](http://www.google.com).
2. Type in 'ACT WorkKeys Practice Exams'

➤ **WorkKeys® Preparation Classes—**

available in Room K1 at Sandusky Career Center, 4501 Venice Heights Blvd, Sandusky, Ohio 44870. Please call 419-984-1135 for more information.



# Physical Examination Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician Name and Address: \_\_\_\_\_  
\_\_\_\_\_

## Physical Examination

Height: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Respiration: \_\_\_\_\_

Weight: \_\_\_\_\_  
Pulse: \_\_\_\_\_  
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, 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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# Tuberculosis Skin Test Form

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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): \_\_\_\_\_