



1. Turn in the STNA application
2. Schedule your WorkKeys® assessment with main office staff
3. After passing your WorkKeys® assessment, schedule your background check with main office staff
4. Complete a 2 step TB test and physical exam (must be dated within the past year)

\*\*You may submit your documents to:

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

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

#### **What is the difference between a 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 settings.

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

A STNA offers patients basic care including cleaning, bathing, using the restroom, measuring vital signs, helping them eat meals, and listening to their concerns. Orderlies transport patients and clean treatment areas.

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

The average salary for a State Tested Nursing Assistant is \$32,960. Salary ranges vary widely depending on the city, education, certifications, additional skills, and number of years you have spent in the profession.

#### **How long does it take to complete the STNA program?**

STNA classes take about 3-4 weeks, depending on the schedule. At Sandusky Career Center, STNA students have 10-12 class days and 2 days of clinicals.

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

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



# 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: \_\_\_\_\_



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## Tuberculosis Skin Test Form

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Patient Name \_\_\_\_\_

Testing Location \_\_\_\_\_

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

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



# 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 \_\_\_\_\_

## 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



*Sandusky*  
CAREER CENTER



# 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