



DENTAL/MEDICAL CODING WORKKEYS ASSESSMENTS

Full Name (Please Print) _____

Address _____

Phone Number (____) _____ Registration Date: ____/____/____

Email: _____

WorkKeys Assessments \$48 (\$25 retest per assessment) ____ Dental ____ Medical Coding

____ Graphic Literacy ____ Workplace Documents ____ Retest

Total Due \$ _____

1. I acknowledge that the fee for this test is non-refundable.
2. I acknowledge that if I miss this appointment, I will have to register for a new exam appointment and pay a new exam fee.
3. I acknowledge that I must bring a form of photo ID with me that meets the requirements of Wallace Community College

I agree with the above guidelines _____ / ____ / ____
Signature Date

Business Office Use:

Account Code – **FM20**

Receive payment

Return form stamped “PAID” to student along with receipt

Students will submit stamped forms to Testing Department Administration Bldg. Lab Room A-1 Sparks Campus