



Application to Practical Nursing Diploma

Name: _____ ID #: _____
 (Please Print) First Middle Last (Anoka Technical College Student ID #)

Address: _____
 Street City State Zip

Phone Number: _____ Email: _____

All Admission Requirements are submitted together to EnrollmentServices@anokatech.edu - during the application period.

Office Use Only

Accuplacer, ACT, SAT, MCA, or Equivalent Course	Date Completed	Score/Grade	Confirmed by:
Classic or Next Generation Accuplacer Reading score OR Completion one college-level reading-intensive course OR ENGL 0900 (within 3 years) OR ACT English/ACT Reading/SAT ERW/MCA Reading (within 5 years) OR Placement as per recommendations by MN State system office (if applicable)			78/250 C or better C or better 18/21/480/1047
Next Generation Accuplacer Arithmetic score OR MATH 0801(within 2 years) OR MATH 1010 (within 5 years) OR College-level Dosage Calculations course (within 5 years) OR ACT Math/SAT Math/MCA Math (within 5 years) OR Placement as per recommendations by MN State system office (if applicable)			275 B or better A or 90% 20/530/1148

Choose EITHER **Nursing Assistant** OR **Medical Assistant** * requirement:

a. Nursing Assistant

b. Medical Assistant

OPTION I:

Nursing Assistant:

Successful completion of HLTH 1103 Nursing Assistant & Home Health Aide or a state approved Nursing Assistant Course **within 1 year**

OR

Documentation of currency on the MN State Registry: <https://narlookup.web.health.state.mn.us/>

OPTION II:

Medical Assistant:

Documentation of earned National Certification for Medical Assisting from the AAMA (American Association of Medical Assistants)

*Individuals with related direct patient care experience may consult with Practical Nursing Program Director re: admission eligibility.

I have also attached proof of the following:

- Current CPR Requirement:** American Heart Association BLS Provider, American Red Cross Basic Life Support/HeartCode BLS

- ATI TEAS:** Adjusted Individual Total Score of 53% or higher

- Completed Student Record of Immunization and Health Status form.** Must be signed and stamped by a health care provider. This form is found on the Practical Nursing website under [Forms](#). This requirement cannot be waived. **Students are required to provide formal verification/documentation of all entries on this form after acceptance to the program.**

By placing signature and date below: the applicant agrees that the information supplied in the application packet is accurate and acknowledges the responsibilities required after acceptance to the program.

Signature: _____ Date: _____

Important Information for Accepted Students:

After acceptance, the following items are addressed in a mandatory nursing orientation session:

- a. tuberculosis screening results (skin or blood testing) or documentation of freedom from tuberculosis infection
- b. documentation of an annual, current influenza vaccination
- c. verification/documentation of **all entries** on the student Record of Immunization and Health Status form
- d. completion of a Minnesota Department of Human Services background study with approval for direct patient care
- e. current health insurance coverage is strongly encouraged for students

For office use only:

Intake initials	Date received	P: drive	Scanned to Records	Notes
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A member of Minnesota State

This information is available in alternative formats by calling 763-433-1100. TTY users can call Minnesota Relay at 800-627-3529. Anoka Technical College is an equal opportunity, affirmative action employer and educator.