

# Application to Paramedic Major



Applications must be submitted in a complete packet with all required files in PDF format to Enrollment services at [enrollmentservices@anokatech.edu](mailto:enrollmentservices@anokatech.edu)

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

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Select either option 1 or 2:**

<input type="checkbox"/> <b>Option 1: Placement Requirements</b>	Date Completed	Score/Grade	Confirmed by:
<b>Reading Comprehension:</b> <input type="checkbox"/> Accuplacer Score of 250 or higher or classic equivalent (within past 5 years) <input type="checkbox"/> Qualifying ACT/SAT/ or MCA Reading score (21/480/1047, within past 5 years) <input type="checkbox"/> ATC READ 0900/0960 (grade of C or higher within past 3 years) <input type="checkbox"/> One previously completed college-level reading-intensive course with a "C" grade or better <input type="checkbox"/> Placement as per recommendations by MN State system office (if applicable)			
<b>Math:</b> <input type="checkbox"/> (Any) Arithmetic Accuplacer score (within past 2 years) <input type="checkbox"/> Qualifying ACT/SAT/or MCA Math score (20/530/1148, within past 5 years) <input type="checkbox"/> One previously completed college-level math course with a "C" grade or better <input type="checkbox"/> Placement as per recommendations by MN State system office (if applicable)			
<input type="checkbox"/> <b>Option 2: Previous two- or four-year degree from an accredited college.</b> Please provide transcript for any non-MN State school.  Name of College _____			

**Please provide documentation of the following:**

**Required:**

- Current State Certification of EMT or completion of EMT courses with the eligibility to take EMT exams**
- Current CPR:** American Heart Association BLS Healthcare Provider, American Red Cross Basic Life Support for Healthcare Providers, or current First Responders Card

**Preferred Additional Requirements:**

- Completion of Principles of Biology (BIOL 1106) or equivalent course**
- Completion of Medical Terminology (HLTH 1040) or equivalent course**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intake initials	Date received	P: drive	Scanned to Records	Notes
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