

# Application to Practical Nursing Major

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 Enrollment Services – Rm 117 - 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 Three college-level reading-intensive courses or READ 0900 or READ 0960 + ENGL 0101 or 0102 or 0960 (within 3 years) or ACT English/ACT Reading/SAT ERW/MCA Reading (within 5 years)			78 or 250 C or better C or better 18/21/480/1047
Classic or Next Generation Accuplacer Arithmetic Score MATH 0801(within 2 years) or College-level Dosage Calculations course equivalent to MATH 1010 within 5 years or ACT Math/SAT Math/MCA Math (within 5 years)			81 or 275 B or better A or 90% 20/530/1148

Choose EITHER **Nursing Assistant** OR **Medical Assistant** requirement and complete all parts of Option I or II:

<input type="checkbox"/> <b>1. Nursing Assistant</b> Students must show documentation of currency on the MN State Registry – <a href="http://www.health.state.mn.us/nar">http://www.health.state.mn.us/nar</a> <b>AND</b>	<input type="checkbox"/> <b>1. Medical Assistant</b> Students must show documentation of earned National Certification for Medical Assisting from the AAMA (American Association of Medical Assistants); <b>AND</b>
OPTION I: <input type="checkbox"/> <b>2. Successful completion of HLTH 1103 Nursing Assistant &amp; Home Health Aide or a state approved Nursing Assistant Course within the past five years;</b> <b>OR</b>	OPTION I: <input type="checkbox"/> <b>2. Successful completion of an accredited Medical Assistant (certified-eligible) program within the past five years;</b> <b>OR</b>
OPTION II: <input type="checkbox"/> <b>2. Employment as a Nursing Assistant - verification on employer letterhead that includes:</b> <ul style="list-style-type: none"> <li>○ Dates of employment</li> <li>○ Position description describing nursing assistant duties</li> <li>○ Total hours worked within last two years (must be at least 800 hours)</li> </ul>	OPTION II: <input type="checkbox"/> <b>2. Employment as a Medical Assistant – verification on employer letterhead that includes:</b> <ul style="list-style-type: none"> <li>○ Dates of employment</li> <li>○ Position description describing nursing assistant duties</li> <li>○ Total hours worked within last two years (must be at least 800 hours)</li> </ul>

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I have also attached proof of the following:

- Current CPR Requirement:** American Heart Association BLS Provider, American Red Cross Basic Life Support for Healthcare Providers, or Current First Responders Card.
- TEAS V or ATI TEAS:** Adjusted Individual Total Score of 50% 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.

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

For office use only:

Intake initials	Date received	P: drive	Scanned to Records	Notes