Application to Practical Nursing Diploma

Name:		ID #:			
(Please Print) First ID #)	Middle	Last		oka Technical College St	uden
Address:					
Street	City		St	State Zi _l	
Phone Number:Email:					
All Admission Requirements are	e submitted together to <u>Enrol</u>	llmentServices@and	<u>okatech.edu</u> - durin	ng the application perio Office Use Only	d.
Accuplacer, ACT, SAT, MCA, or	r Equivalent Course	Date Completed	Score/Grade	Confirmed by:	

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

Choose EITHER Nursing Assistant OR Medical Assistant * requirement:

a. Nursing 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/

b. Medical Assistant

OPTION II:

Medical Assistant:

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

		als with related n eligibility.	direct patie	nt care experience n	may consult with Practical Nursing Program Director re:		
I have als	so attach	ed proof of the f	ollowing:				
		CPR Requiremer HeartCode BLS	n t: American	Heart Association E	BLS Provider, American Red Cross Basic Life		
	ATI TEAS	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. Note: Fully vaccinated status for Covid is required by Week 4 of the semester. Fully vaccinated is defined as two weeks or more since the completion of a primary vaccination series for COVID-19 and one booster dose. Those who previously had COVID-19 are not exempt from the vaccination requirement.						
				cant agrees that the er acceptance to the	e information supplied in the application packet is accurate and se program.		
Signature	e:				Date:		
	<u>Importar</u>	nt Information fo	or Accepted	Students:			
		After acceptance	e, the follow	ing items are addres	ssed in a mandatory nursing orientation session:		
	i	a. tuberculosis infection	screening r	esults (skin or blood	d testing) or documentation of freedom from tuberculosis		
				nual, current influer			
	 documentation of primary Covid-19 vaccination series and one booster dose and being two weeks or more past the last dose by Week 4 of the first semester 						
	d. verification/documentation of all entries on the student Record of Immunization and Health Status form						
	1	e. completion of a Minnesota Department of Human Services background study with approval for direct					
		patient care f. current health insurance coverage is strongly encouraged for students					
For office	use only			_			
Intake i	initials	Date received	P: drive	Scanned to Reco	ords Notes		