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.

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

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)
*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:

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

For office use only:

<table>
<thead>
<tr>
<th>Intake initials</th>
<th>Date received</th>
<th>P: drive</th>
<th>Scanned to Records</th>
<th>Notes</th>
</tr>
</thead>
</table>

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.

7/23