

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 resubmitted together to <u>EnrollmentServices@anokatech.edduring</u> the application period.

Office Use Only

Accuplacer, ACTSAT, MCA, or Equivalent@rse	Date Complete	Score/Grade	Confirmed by:
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)			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)			275 B or better A or 90% A or 90% 20/530/1148

Choose either **Nursing Assistan**OR **Medical Assistant*** requirement:

<u>OPTION I</u>Nursing AssistantSuccessful completion of HLTH 1103 Nursing Assistant & Home Health Aide or a state approved Nursing Assistant Course within 1 year<u>OR</u>Documentation of currency on the MN Nurse Aide Registry

OR

<u>OPTION I</u>Medical AssistantDocumentation of earned Certified Medical Assistant Credential (CMA) from the American Association of Medical Assistants (AAMA)

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

The following documents must be attached for proof. If they are not attached to the application, your application will be incomplete.

CurrentBLSCPRRequirement American Heart Association BLS Provider or American Red Cross BLS

ATI TEASAdjusted Individual Total Score of 53% or higher. Most recent exam version.

Successful Complete or In process of Prerequisite Courses LTH 1005: Anatomy and Physiology BIOL 2100 Anatomy and physiology I ANDBIOL 2200 Anatomy and Physiology II or equivalent and ENGL 1107: English Composition equivalent course with a grade of C or higher.

Completed Student Record of Immunizationd Health Statusform. 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:	Doto:
ZIQUATITE.	Date:
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<u>Important Information for Accepted Students:</u>

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

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