Application to Practical Nursing Diploma

Please Print)			ID #:					
r rease r rine,	First	Middle	Last (Ar	noka Technical Col	lege Student ID #)			
\ddress:								
Stree	et	City		State	Zip			
hone Number:En		nail:						
All Admissio	n Requirements o	are submitted together to	o EnrollmentService	es@anokatech.e	<mark>du</mark> - durina the apı			
period.	,							
Accuplacer	ACT. SAT. MCA.	or Equivalent Course	Date Complete	Score/Grade	Office Use Only Confirmed by:			
•		cer Reading score OR	Date complete	Score, Grade	250			
	•	level reading-intensive			C or better			
course	•	Ü			C or better			
□ ENGL 0	900 (within 3 yea	rs) OR			18/21/480/1047			
☐ ACT Eng	glish/ACT Reading	g/SAT ERW/MCA Reading						
(within	5 years)							
□ Next Ge	eneration Accupla	cer Arithmetic score OR			275			
□ MATH (0801(within 2 yea	rs) OR			B or better			
	L010 (within 5 yea				A or 90%			
_	_	culations course (within 5	5		A or 90%			
years) (SA BASIL / Cibis E			20/520/4440			
☐ ACT Ma	itn/SAT Matn/MC	A Math (within 5 years)			20/530/1148			

		llowing documents mu ation will be incomple		ed for proof. If they	are not attached to the application,	your		
	☐ Current BLS CPR Requirement: American Heart Association BLS Provider or American Red Cross BLS							
	ATI TEAS: Adjusted Individual Total Score of 53% or higher. Most recent exam version.							
	□ Successful Completion or In process of Prerequisite Courses HLTH 1005: Anatomy and Physiology or BIO 2100 Anatomy and physiology I AND BIOL 2200 Anatomy and Physiology II or equivalent and ENGL 1107: English Composition or equivalent course with a grade of C 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.							
		ature and date below: cknowledges the respo		•	rmation supplied in the application pace to the program.	acket is		
Signatu	ıre:		Date:					
	Import	ant Information for A	ccepted Stud	lents:				
	After a	cceptance, the followi	ng items are	addressed in a mand	atory nursing orientation session:			
	a. tuberculosis screening results (skin or blood testing) or documentation of freedom from tuberculosis infection							
		cumentation of an anr						
	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							
	•	rrent health insurance	coverage is s	trongly encouraged f	or students			
or offic	ce use o	nly:						
Intake	initials	Date received	P: drive	Scanned to Records	Notes			