Application to Practical Nursing Diploma – Fall 2026

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Name: _____ ID #: _____
(Please Print) First Middle L Last (Anoka Technical College Student ID)

Address: _____
Street City State Zip

Phone Number: _____ Email: _____

All Admission Requirements must be submitted together to EnrollmentServices@anokatech.edu - during the open application period.

Important: All completed forms and supporting documentation must be submitted as a PDF file if you are going to be submitting via email. A photo of documentation using your smartphone or tablet can be converted to a PDF as follows:

- iPhone or iPad (iOS 10 or later) - Open the picture. Tap "Share" at the bottom. Scroll across and select "Print". Pinch to zoom in or zoom out so the whole form is visible. Tap "Share" to save it as a PDF.
- Android - Open the picture. Tap the menu in the upper right-hand corner. Scroll down and select "Print". Choose "Save as PDF" at the top

Nursing Assistant or Medical 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 Minnesota Nurse Aide Registry.
- ☐ **OPTION II: Medical Assistant:** Documentation 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 the Practical Nursing Program Director Miranda Anderson re: admission eligibility to Manderson@anokatech.edu

Basic Life Support Certification (BLS) CPR- Must be current at time of application and maintained thereafter through entire program; Online certifications do not meet this requirement.

- ☐ American Heart Association BLS Provider ***OR***
- ☐ American Red Cross Basic Life Support

Complete 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 page website of our on the application dates and admission requirements tab. This requirement cannot be waived. **Students are required to provide formal verification/documentation of all entries on this form after acceptance to the program.**

Accuplacer, ACT, SAT, MCA, or Equivalent Course	Date Complete	Score/Grade	Confirmed by:
Select one of the following: ☐ Next Generation Accuplacer Reading score ***OR*** ☐ Completion of 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 higher C or higher 18/21/480/1047
Select one of the following: ☐ 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 higher 90% or higher 90% or higher 20/530/1148
TEAS version 7 scores	**Date Complete**	**Score/Grade**	**Confirmed by:**
☐ TEAS version 7 through Fall 2026 ***OR*** ☐ HSRT exam			53% 66%
Course Prerequisites	**Completed or In progress**	**Grade**	**Confirmed by:**
☐ ENGL 1107: English Composition ☐ HLTH 1005: Anatomy and Physiology ***OR*** BIOL 2100 Anatomy and Physiology I & BIOL 2200 Anatomy and Physiology II or equivalent (within 5 years) ☐ HLTH 1140: Medical Terminology ☐ MATH 1010: Dosage Calculations			C or higher C or higher C or higher C or higher 90% or higher

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 into the program.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Intake Initials	Data Received	P:Drive	Scanned to Record	Notes