

AACC | School of Health Sciences

LPN, Paramedic, Veterans to RN Advanced Placement Spring 2025 Application Deadline - August 30, 2024 PROGRAM APPLICATION

Submit completed application to healthsciencesadmissions@aacc.edu (preferred) or via mail to Anne Arundel Community College, School of Health Sciences, ATTN: Health Sciences Admissions, HLSB 174, 101 College Parkway, Arnold, MD 21012.

For LPN and Paramedic Advanced Placement Applicants:

Work evaluation form(s) are to be emailed from the employer to healthsciencesadmissions@aacc.edu or sent in a sealed envelope by the employer via mail to the address above.

I plan to pursue:

- LPN to RN
 Paramedic to RN
 Veteran to RN

DEMOGRAPHIC INFORMATION

Last Name		First Name		Middle
Address				
City		State	Zip Code	County
*Last 4 digits of social security #			College ID #	
Phone	_____@mymail.aacc.edu			

The mailing address you provide on this application will be your address of record. It is your responsibility to notify the Health Sciences Admissions office as well as the Records Office of name, address, and phone number changes during the application process. Applicants are advised to check their AACC email account periodically for placement updates and notices.

* If you do not have a Social Security number, you may not be permitted at some clinical rotation sites and site availability could delay or inhibit your progression in the program. An international student admission specialist in AACC's Admissions and Enrollment Development office may be able to assist students with F-1 visa status to obtain a Social Security number through practical training. Call them at 410-777-2677.

ACADEMIC REQUIREMENT CHECKLIST

Before completing this Advanced Placement RN application, you must meet all the requirements below:

1. I have an active admission status at AACC and am in Good Standing (≥ 2.0 GPA) with the college.
2. I understand I must earn a 2.5 or better GPA in the prerequisite courses.
3. I understand that science courses (except chemistry) must be completed within 10 years of the date of this application.
4. I have completed all prerequisite courses by the application deadline.
5. I understand that pass/fail grades will not be accepted.
6. I have completed the minimum of 27 college credits with a C or better.
7. I have submitted final official transcripts** from ALL previously attended colleges and, if needed, high school transcripts.
8. I understand I must submit final official transcripts** from previously attended colleges from which I am transferring courses toward the RN Program.
9. International students must submit official transcript** evaluation report from [ECE](#), [WES](#) or [SpanTran](#) to verify/authenticate your high school and/or college transcripts, if applicable. It is not necessary to submit AACC transcripts.
10. I have submitted a copy of my professional official transcripts and/or clinical experience documentation attached to this application.
11. I reviewed and acknowledge the [technical standards](#).
12. If I receive acceptance into the program, I understand that I will have program and clinical requirements to complete to include, of a [health examination record](#), American Heart Association Basic Life (BLS) CPR certification, a [criminal background check](#), and a [urine drug screen](#).
13. I have reviewed the following: As part of our commitment to the health and safety of AACC employees, students, the greater community, patients and employees at our clinical site affiliates; all employees and students participating in clinicals, externships or internships in a health care or clinic setting within the [School of Health Sciences](#) or the [School of Continuing Education and Workforce Development](#) will be required to be fully vaccinated. Visit <https://www.aacc.edu/riverhawks-reunite/health-and-safety/clinicals/> for detailed information.
14. I have reviewed the additional documentation requirements for the option I am pursuing, the LPN to RN, the Paramedic to RN or the Veteran to RN, and I have submitted the required documentation.
15. I understand that, if selected or placed on the waitlist, I must attend a mandatory virtual applicant meeting. Date and time to be announced via email.
16. I understand that, if selected I will be enrolling in American Public University System (APUS) NURS 159, Fundamentals, Adult Childbearing Family Nursing Transition Course, and would need to earn a C or better to continue with AACC Registered Nursing courses.
17. I understand that if information is missing from my student record, or application, my application will not be processed and will be considered incomplete. I will be notified by my AACC email once if required application information was not submitted.
18. I understand that my AACC email address is required for correspondence with AACC.

**Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

INTERNATIONAL STUDENTS

TOEFL TEST

If you are an international student, there may be additional requirements for you. Visit our [international student pages](#) to learn more. Review AACC's [TOEFL Score Requirement webpage](#) for more information, including exemptions for the TOEFL requirement.

TOEFL Date taken: _____ Score: _____ Where taken: _____

TRANSCRIPTS

I acknowledge that I submitted an official transcript evaluation report from [ECE](#), [WES](#) or [SpanTran](#) for verification of my high school and/or college transcripts to the Records office before this application submission.

I used the above listed agency: _____

ACADEMIC REQUIREMENTS

CHEMISTRY

You must have completed a chemistry course and earned a C or better before applying.

U.S. High School Chemistry (1 credit) **or**

CHE 011 (2 equivalent hours) **or**

3 – 4 credits college chemistry course

Course: _____

School where you completed the chemistry requirement: _____

SEMESTER/Year: _____

Grade: _____

If your chemistry was completed in high school or at another college, you must submit official transcripts. If homeschooled, the high school curriculum must be under a recognized umbrella organization with the supervision of a state-approved curriculum. AACC may require a course syllabus so that our chemistry department chair can review and approve the curriculum.

PREREQUISITE COURSES

Must be completed with a C or better by summer 2024 term with a course end date of no later than August 30, 2024. If any prerequisite courses are in progress for the summer 2024 term, write IP for the grade.

PREREQUISITES	GRADE	CREDITS	COLLEGE WHERE COMPLETED	TERM AND YEAR
BIO 231 Human Biology 1 and				
BIO 232 Human Biology 2				
OR				
**BIO 233 Anatomy and Physiology 1 and				
BIO 234 Anatomy and Physiology 2				
PSY 111 Introduction to Psychology				
MAT 137 College Algebra+ OR MAT 135 Statistics				
^ENG 101/ENG 101A Academic Writing and Research 1				
BIO 223 General Microbiology				
PSY 211 Developmental Psychology				

***If in any prerequisite courses are in progress at another institution for the summer 2024 term the final official transcript must be submitted to the AACCC Records office by September 9, 2024.**

**This course has a prerequisite of BIO 101.

+MAT 145, 151, 191, 202, 230 or 235 satisfies MAT 137 requirement. Former MAT courses 121, 131, 141 or 142 will also satisfy MAT 137 requirement.

^Previously completed ENG 111/115 or 121 or ENG CMP1 will be accepted.

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer emailed to tdneall@aacc.edu or mailed separately to the address on the first page of this application. ATTN: Tammie Neall.

Do not write explanation(s) on the application.

Yes	No	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever surrendered a professional license, certification or registration, or had one restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever been placed on professional probation, had conditions or limitations placed on your ability work even if your license had not been restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever had your clinical privileges at any office or facility restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.

NOTE: Licensing boards for certain health care occupations, including Nursing, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact the Maryland Board of Nursing for clarification at 410-585-1900.

I certify that the information on this application is true and accurate to the best of my knowledge. I have read and understood the information on this application. Falsification or misrepresentation of any information on this application may result in being denied admission, or if enrolled, dismissed from this program. I understand that final acceptance into the Registered Nursing program shall be contingent upon satisfactory completion of a criminal background check, drug screen and satisfactory completion of a health examination record.

Please review prior to submitting this application. This application must be completed in its entirety. I understand that by filling in my name below, it will be considered as my signature.

Signature: _____

Date: _____

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.

REQUIRED CLINICAL EXPERIENCE DOCUMENTS TO BE SUBMITTED AT TIME OF APPLICATION

LPN

- Official transcript from a state-approved licensed Practical Nursing program.
- Copy of current active Maryland LPN license. LPN's must have an active unencumbered Maryland license, in agreement with the Maryland Board of Nursing and the Maryland Higher Education Commission.
- Verification of current employment as an LPN for a minimum full-time equivalent (2080 hours) of one year within the last three calendar years.
- Submission of Clinical Experience Form.
- Submission of Work Performance Evaluation.

Paramedic

- Official transcript from a state-approved licensed Paramedic program.
- Copy of an active Maryland Paramedic license. Paramedics must have an active unencumbered Maryland license from the Maryland Institute for Emergency Medical Services Systems.
- Verification of current employment as a Paramedic for a minimum full-time equivalent (2080 hours) of one year within the last three calendar years.
- Submission of Clinical Experience Form.
- Submission of Work Performance Evaluation.

Veteran

- Applicants must be a Medic/Corpsman to qualify for this program with at least one year of experience within the last three calendar years.
- Submit a copy of your DD-214 (Certification of Release or Discharge from Active Duty) as verification of your required medical service.

LPN or PARAMEDIC CLINICAL WORK EXPERIENCE FORM

Verification of current employment as an LPN or Paramedic for a minimum full-time equivalent (2080 hours) of one year within the last three years.

Start with the most recent employment, and if there has been any lapse in employment be sure to include that as well.

Note: A separate Work Performance Evaluation must be submitted by each agency representing work experience/hours.

AGENCY:

UNIT:

POSITION:

SUPERVISOR'S NAME:

TITLE:

EMPLOYED FROM:

TO:

HOURS WORKED PER WEEK:

DUTIES PERFORMED:

AGENCY:

UNIT:

POSITION:

SUPERVISOR'S NAME:

TITLE:

EMPLOYED FROM:

TO:

HOURS WORKED PER WEEK:

DUTIES PERFORMED:

AGENCY:

UNIT:

POSITION:

SUPERVISOR'S NAME:

TITLE:

EMPLOYED FROM:

TO:

HOURS WORKED PER WEEK:

DUTIES PERFORMED:

AGENCY:

UNIT:

POSITION:

SUPERVISOR'S NAME:

TITLE:

EMPLOYED FROM:

TO:

HOURS WORKED PER WEEK:

DUTIES PERFORMED:

VERIFICATION OF LPN OR PARAMEDIC TRAINING

NAME OF SCHOOL

ADDRESS OF SCHOOL

DATE OF GRADUATION

- I have attached a copy of my current active Maryland unencumbered license.
- I have submitted the official college transcript of LPN or Paramedic training to AACC's Records Office.
- I have worked a minimum of 2080 hours as an LPN or Paramedic within the last 3 years.

NOTE: Successful completion of an approved LPN refresher course may satisfy the clinical experience requirement.

LPN/PARAMEDIC
WORK PERFORMANCE EVALUATION

***Must be received emailed separately from employer's work email to healthsciencesadmissions@aacc.edu**

I. **STUDENT RELEASE OF INFORMATION**

I hereby give permission for _____
(NAME OF AGENCY)

to release the information requested by the Anne Arundel Community College, Department of Nursing regarding my work performance on _____

(NAME OF UNIT/DEPARTMENT)

from the dates of _____ to _____

I hereby give permission for the Department of Nursing, Anne Arundel Community College, to contact the above agency or representative if additional information is needed.

(Print name)

(Former or maiden name)

Signature

Date

II. **SUPERVISOR:**

This applicant has applied to Anne Arundel Community College RN Advanced Placement leading to an associate degree in nursing and eligibility for RN Licensure. As part of the admission criteria, a work performance evaluation is required.

Please complete this confidential evaluation and return it in a sealed company envelope to the applicant, **or via email to healthsciencesadmissions@aacc.edu.**

NAME OF SUPERVISOR: _____ TELEPHONE # _____

NAME & ADDRESS OF AGENCY: _____

EMPLOYED FROM: _____ TO: _____

NAME OF UNIT: _____

TYPE OF UNIT (eg. MED/SURG/PEDS/ICU/ER): _____

TITLE OF POSITION OF EMPLOYEE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

BRIEF DESCRIPTION OF DUTIES: _____

