



RN Advanced Placement Program Application

Applications available: Rolling Admission Basis

ADMISSION REQUIREMENTS

- Attend an Information Session. Please visit <http://www.aacc.edu/apply-and-register/credit-application/health-science-applicants> for dates and times. Admission and selection information will be reviewed. Virtual information sessions are currently being held.
- Must satisfactorily complete all academic and admission requirements prior to submitting a program application
- Must have a minimum adjusted grade point average (GPA) of 2.5 at this college.
- Chemistry requirement must be complete by the date the application is submitted.
- Arithmetic Placement Test is required with a score of 27 or better, or MAT 005 with a grade of C or better at the time application is submitted. Note: You have 2 attempts to achieve a passing score (27>) on the Arithmetic Placement Test. Arithmetic Placement Test scores must be within 7 years from the date Health Sciences program application is submitted. Retake is allowed if test is past this time frame. One retake is allowed after that if needed. There is no time limit on MAT 005. Email testing-arnold@aacc.edu for an appointment for remote testing.
- Test of Essential Academic Skills (ATI TEAS) is required. Individual Performance Profile must be attached to application. Testing for the ATI TEAS is unlimited; however, the test must have been successfully passed with a score of Proficient or higher within 2 years of date of application. Email testing-arnold@aacc.edu for an appointment for remote testing.
- Official transcripts and/or clinical experience required documents as listed in admission requirements. Official transcripts are received by AACC in the sending institution's original sealed envelope or sent electronically from sending institution.
- Prerequisites with a grade of C or better (with exception of BIO 231/233, which must be a grade of B or better) in ENG 101/ENG 101A, PSY 111, PSY 211, MAT 137 or higher, BIO 223, and BIO 232 or BIO 234, which must be completed by the date the application is submitted. Pass/Fail grades are not accepted.
- Science courses (except chemistry) must be taken within 7 years of time the application is submitted.
- A grade of C or better is required in NURS 159. NURS 159 must be taken the semester prior to starting the nursing course sequence. NURS 159 is a 6-credit online 16-week course through the American Public University System (APUS). AACC will notify APUS of selected students. APUS will then contact student to set up registration.
- In the event there are more qualified applicants than seats available, qualified applicants not initially selected for conditional acceptance will be placed on a waitlist. If applicant declines the seat, he/she will need to reapply for a future seat. In the event that we do not have enough qualified applicants, qualified applicants who do apply will be rolled into the following semester.

Final acceptance in the program shall be contingent upon class seat availability, satisfactory completion of a criminal background check urine drug screen and a health examination record, and submission of a copy of the required CPR card. A grade of C or better is required in each Registered Nursing (NUR) course to progress in the program.

IMPORTANT INFORMATION

1. Direct all inquiries regarding the application process to the Health Sciences Admissions office via email at tdneall@aacc.edu.
2. If you are submitting an application and have not yet attended a nursing information session, plan to attend a session. You may visit <https://www.aacc.edu/calendar/>. for dates and times of nursing information sessions.
3. All Health Sciences students who are offered admission and/or clinical placement will be required to submit to a complete criminal background check and urine drug screen. All student applicants' final acceptance in the program shall be contingent upon satisfactory completion of a criminal background check and a urine drug screen.

All letters of acceptance shall state that the acceptance is conditional and contingent on submission of a criminal background check and urine drug screen—as may be required by the program—that results in satisfactory reports. If an accepted student tests positive for an illegal or un-prescribed drug, the student shall be denied admission or terminated from any Health Sciences program.

Separate, additional criminal background checks and urine drug screens may be required by clinical sites prior to placements. Students with an unsuccessful background check or urine screening who are denied by a clinical site that is required to meet program competencies shall be dismissed from the program and their registrations shall be withdrawn from courses related to the program of study. If the student tests positive for an illegal or un-prescribed drug, the student shall be denied admission or terminated from any Health Sciences program even if a denied placement was not required to meet program competencies. Successful reports of criminal background checks and urine drug screens do not assure eligibility for specific clinical site placement, program completion, and/or eligibility to sit for professional licensure/board examinations.

Students are reminded that licensing boards for certain health care occupations and professions 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 has been convicted of, or pleads guilty, or pleads nolo contendere or the like to a felony or other serious crime.

Successful completion of a Health Sciences program of study at Anne Arundel Community College does not guarantee licensure, the opportunity to sit for a licensure examination, certification or employment in the relevant health care occupation.

Students may be automatically denied admission or, if enrolled, dismissed from the program if they have not been truthful or have provided inaccurate information on the application or on any other form or submission. Students who have questions or concerns are encouraged to contact the Health Sciences Admissions Office at healthsciencesadmissions@aacc.edu.

*Notwithstanding the statements herein regarding urine drug screens, as of September 2010, only certain programs will be requiring drug screening. AACC shall inform students which programs presently require them. However, AACC, at any time, has the right, upon notice, to require any and all students and any and all programs to comply with drug screening.

REMINDER: Students who have been convicted of a felony or a misdemeanor may not be eligible for licensure as a registered nurse. These students are required to contact the Maryland Board of Nursing at 410-585-1900



**LPN, Paramedic, Veterans to RN
 Advanced Placement
 ROLLING ADMISSIONS
 PROGRAM APPLICATION**

Check program applying to LPN to RN Paramedic to RN Veterans to RN

*Students are admitted on a rolling admission basis. **Incomplete applications will be returned to the student** and can be resubmitted only after they are complete. Students need only apply once to the program, providing their application is complete. A future seat will be slotted once the applicant meets the criteria for admission.*

If you have previously submitted your official transcript(s) to Records and Registration at AACC, it is your responsibility to ensure that the transcript(s) have been posted by the time you submit your application. If the official transcript(s) are not posted, the application will be considered incomplete and will be returned.

Transcript(s) being submitted to AACC for the first time must be received in the sending institution's original sealed envelope or sent electronically from the institution to AACC's Records and Registration office to be considered official. You will be notified by the Records Office of any courses that do not transfer as equivalent to coursework at AACC.

Demographic Information

Last Name	First Name	Middle
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Address

City	State	Zip Code	County
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Last 4 digits of social security #	College ID #
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The mailing address you provide on this application will be your address of record. ***It is your responsibility to notify the Health Sciences Office as well as the Records Office of name, address and phone number changes during the application process.***

Home Phone	Cell Phone	Work Phone
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AACC Email Address – Required **No other email is acceptable**

<div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> @mymail.aacc.edu

Applicants are advised to check their AACC email account periodically for placement updates. Qualified applicants will be issued a letter of conditional acceptance into the upcoming class after your application has been verified as complete and accurate.

By signing below, I agree/understand the following:

1. I have an active admission status at AACC and am in Good Standing (**2.5 GPA>**) with the college.
2. I have submitted final official transcripts from ALL previously attended colleges and, if needed, high school transcript 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.
3. If information is missing from my application or file (including transcripts), it will NOT be processed and will be returned to me. Incomplete applications will NOT be considered.
4. A copy of my professional official transcripts and/or clinical experience documentation is attached to this application.
5. I understand that by filling in my name below, it will be considered my signature.

Signature: _____ Date: _____

CHEMISTRY	You must have completed a chemistry course and earned a grade of C or better prior to submitting an application.
<p>U.S. High School Chemistry (1 credit) or CHE 011 (2 equivalent hours) or CHE 103 / 111 / 113 / 115 (3 – 4 credits)</p> <p>*If from high school, you MUST submit a final official high school transcript to verify successful completion of this course</p> <p><i>If home schooled, 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</i></p> <p>School where you completed the chemistry requirement: _____</p> <p>SEMESTER/Year: _____ GRADE: _____</p>	
ARITHMETIC PLACEMENT TEST	This is not the same as the Accuplacer Mathematics Placement Test
<p>This test may only be taken two (2) times. Failure to achieve a passing score (27 or better) after two attempts will require completion of MAT 005 with a grade of C or better prior to application. Test must be taken within 7 years from the date the application is submitted. There is no time limit on MAT 005.</p> <p>APT SCORE: _____</p> <p>MATH 005 - Must provide official transcript if taken at institution other than AACC</p> <p>GRADE: _____ WHERE TAKEN: _____</p>	
<p><u>ATI TEAS</u> (Test of Essential Academic Skills)</p> <p>No limit on the number of attempts to achieve proficient or higher. The test submitted with application must have been successfully passed within 2 years of date of application submission.</p> <p><i>A copy of your ATI TEAS Individual Performance Profile must be attached to application.</i></p>	
<p><u>MINIMUM OF 27 COLLEGE CREDITS with C or better</u></p> <p>If you do not have a minimum of 27 college credits at the time of application, you will be required to provide an *official high school transcript to the Records and Registration office prior to submitting this application. *Official transcripts are received by AACC in the sending institution's original sealed envelope or sent electronically from the sending institution. Transcript must verify date of graduation. Your application will be considered incomplete without this document and will be returned.</p>	

NAME: _____

PREREQUISITE COURSES

Must be completed prior to application

- Biology 231/233 must be completed with a minimum grade of B
- All other prerequisite courses must be completed with a minimum grade of C
- Science courses must be taken within 7 years of time of the application submission date
- A prerequisite cumulative GPA of 2.5 (no rounding) is required.

Due to the selection process, the Registered Nursing program cannot accept Pass/Fail as a replacement for letter grades in the required courses.

PREREQUISITES	GRADE	CREDITS	WHERE COMPLETED	TERM AND YEAR
*Human Biology 1 BIO 231 and				
Human Biology 2 BIO 232				
OR				
*A & P 1 BIO 233 and				
A & P 2 BIO 234				
MICROBIOLOGY BIO 223				
PSY 111				
PSY 211				
MAT 137 – MAT 145, 151, 191, or 230 satisfies MAT 137 requirement. (Former MAT courses 121, 131, 141 or 142 will also satisfy MAT 137 requirement.)				
ENG 101/ENG101A (Previously completed ENG 111/115 or 121 will be accepted)				
Arts and Humanities List course _____ (Previously completed ENG 112 or 116 will be accepted)				
GENERAL EDUCATION REQUIREMENTS - Must be completed with a grade of C or better by the end of the program.				
SOC 111				
ARTS and HUMANITIES List course:				

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer in a sealed envelope mailed with this application. Attention: Tammie Neall or email separately to tdneall@aacc.edu. Do not write explanation(s) on the application.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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. 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 RN program shall be contingent upon satisfactory completion of a criminal background check and satisfactory completion of a health examination record and CPR certification. I understand that by filling in my name below, it will be considered my signature.

Signature: _____

Date: _____

PRINT NAME: _____

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 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.

ADDITIONAL ADMISSION DOCUMENTS TO BE SUBMITTED AT TIME OF APPLICATION

NOTE: Applications submitted without this documentation will be returned as incomplete.

LPN's

Official transcript from LPN training must be submitted to verify successful completion of LPN training from a state-approved licensed practical nursing program.

Clinical Experience

The following material **must** be submitted to continue the application process:

- 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.

Paramedics

Official transcript from Paramedic training must be submitted to verify successful completion of Paramedic training from a state-approved licensed paramedic program.

Clinical Experience

The following material **must** be submitted to continue the application process:

- 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.

Veterans

Clinical Experience

- 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

Applicant's Name:	
What program are you applying to: <input type="checkbox"/> LPN <input type="checkbox"/> PARAMEDIC (Not necessary for Vet to RN applicants)	
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.	
* Account for any lapse in employment.	
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

DO YOU HAVE A MINIMUM OF 2080 HOURS WORKED AS AN LPN or PARAMEDIC WITHIN THE LAST THREE YEARS?

YES NO

MUST ATTACH A COPY OF YOUR CURRENT ACTIVE MARYLAND UNENCUMBERED LICENSE

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant's signature

Date

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

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

Date

LPN/PARAMEDIC
WORK PERFORMANCE EVALUATION

***Must be received in a sealed company envelope and submitted with your application or emailed separately from employer's work email to tdneall@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)

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 Program 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.

This form must be attached to the program application at the time of application submission.

NAME OF STUDENT: _____

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: _____

NAME OF SUPERVISOR: _____ TELEPHONE # _____

III. EVALUATION BY SUPERVISOR

Employee Name: _____

Please indicate your evaluation by number in the space to the right of the statement, according to the rating scale described below:

- 5 Excellent 4 Above Average 3 Average
2 Needs Improvement

<i>Professional Behavior:</i>	RATING:
Punctual	
Presents professional appearance according to dress code	
Maintains professional confidentiality	
Practices within ethical and legal standards of care	
Able to identify self-strengths and areas for improvement	
Adheres to agency policies/procedures	
Respects the opinions and rights of others	
<i>Application of the Nursing Process when performing patient care:</i>	
Assessment/analysis	
Planning	
Implementation	
Evaluation	
<i>Management of Patient Care:</i>	
Organizes and completes patient care on at least one patient in a timely manner	
Identifies and acts upon priorities of care	
<i>Implementation of Nursing Care</i>	
Safely administers prescribed treatments and medications	
Maintains patient safety while providing physical care	
Demonstrates safety while performing psychomotor skills	
<i>Psychomotor Skills – competency in:</i>	
IV monitoring	
NGT/GT feedings	
Sterile fields	
Complex dressing changes	
Oral medications	
IM medications	
SQ medications	
<i>Communication Skills:</i>	
Communicates effectively with the health team	
Establishes therapeutic relationships	
Reports significant data to the appropriate health team members	
<i>Documentation of Care:</i>	
Documents pertinent data	
Uses appropriate medical terminology consistently	
Follows agency guidelines for documentation	
<i>Any additional comments:</i>	

Signature: _____ Title: _____ Unit: _____
Telephone : _____ Agency: _____ Date: _____

Please return with the program application.



ANNE ARUNDEL COMMUNITY COLLEGE

101 College Parkway Arnold, Maryland 21012-1895

Records and Registration Office / SSV 140

410-777-2243 / Fax 410-777-2489 / records@aacc.edu / www.aacc.edu/recreg / MyAACC <http://myaacc.aacc.edu>

PERMISSION TO STUDY AT ANOTHER INSTITUTION

If you are an Anne Arundel Community College (AACC) student and wish to enroll in a course(s) at another institution and transfer those credits back to AACC, please complete this form. When completed, the form must be returned to the AACC Records Office at the Arnold Campus **along with the course description(s)**. Your course(s) will be reviewed for transferability and a completed copy of this form will be mailed to your address within **five business days**. An official transcript of the coursework must be sent to the Records Office at AACC after the courses are completed at the designated institution. This permission is only applicable to the course(s) and the semester indicated below. If you do not complete the course(s) within the semester indicated, you must submit a new request.

Student Information

Name _____ AACC ID# _____
Last First MI

Address _____
Street City State Zip code

Email address _____ Daytime Phone _____

Program of Study (Major) at AACC _____

Check this box if you would like to have a copy of the completed form forwarded to the Financial Aid and Veterans Affairs Office at Anne Arundel Community College.

Course and Institution Information

Name of institution where course(s) will be taken:

American Public University System (APUS) _____

Semester/year course to be completed: _____

Course(s) requested to be taken at above institution:

Department & Course Number	Course Title	Credits
NURS 159	Fundamentals, Adult, and Childbearing Family Nursing Transition Course	6

Certification of Transferability to AACC (Records Office Use Only)

Course Number at Above Institution	Equivalent Course at AACC	Credits Accepted at AACC	Minimum Grade Requirement for Course

Comments: _____

Records Initials _____ Date: _____

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