NEW: Nursing Advanced Placement
Program Application

Applications Available: Rolling Admissions

ADMISSION REQUIREMENTS

- First consideration will be given to candidates whose resident address is in Anne Arundel County for at least three months prior to the date the application is submitted. The Address Verification form must be submitted to the Records office. Out of county applicants will only be reviewed if space is available.
- Must satisfactorily complete all academic and admission requirements.
- 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 and Test of Essential Academic Skills (ATI TEAS) are required. Individual Performance Profile must be attached to application. Note: You have 2 attempts to achieve a passing score (27>) on the Arithmetic Placement Test. ATI TEAS testing is unlimited; however, the test must have been successfully passed with a score of Proficient or higher within 2 years of date of application. Note: ATI TEAS not taken in person at an approved testing on-site center will not be accepted by AACC’s health sciences programs. TEAS V version taken prior to August 31, 2016 will be accepted if it meets the guidelines stipulated above.
- Official transcripts and/or clinical experience required documents as listed in admission requirements.
- Prerequisites are C or better (with exception of BIO 231/233 must be B or better) in: ENG 111/112, PSY 111, PSY 211, General Ed Math 137 or higher, BIO 223, and BIO 231/232 or BIO 233/234 must be completed by the date the application is submitted. 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 American Public University System (APUS). AACC will notify APUS of selected students. APUS will then contact student to set up registration.

Final acceptance in the program shall be contingent upon satisfactory completion of a criminal background check, satisfactory completion of 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. The Admissions Assistant will process applications. Direct all inquiries regarding transcripts or other records related to the selection process to the Admissions Assistant by email to:
   healthsciencesadmissions@aacc.edu

2. If you are submitting an application and have not yet attended a nursing information session, plan to attend a seminar. You may call 410-777-7310 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 to 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 is 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.
Check program applying to:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN to RN</td>
</tr>
<tr>
<td>Paramedic to RN</td>
</tr>
<tr>
<td>Veterans to RN</td>
</tr>
</tbody>
</table>

**LPN, Paramedic, Veterans to RN**

**Advanced Placement**

**ROLLING ADMISSION**

**PROGRAM APPLICATION**

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 to be considered official and attached to this application. You will be notified by the Records Office of any courses that do not transfer as equivalent to coursework at AACC.

### Demographic Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Last 4 digits of social security #

<table>
<thead>
<tr>
<th>College ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.*

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AACC Email Address – Required

| No other email is acceptable |
|_____________________________|
| ___________________________@mymail.aacc.edu|

**Applicants are advised to check their AACC email account periodically for placement updates.** Due to the high volume of applicants we will not be responding to telephone calls regarding placement. 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 with submission of this application. International students must submit official transcript evaluation report from ECE or W ES to verify/authenticate your high school and/or college transcripts.
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. Copy of driver's license or other government issued photo ID must be attached.
5. A copy of my additional requested documents are attached to this application including supporting address verification documents as well as clinical experience forms.
6. A copy of my professional official transcripts and/or clinical experience documentation is attached to this application.

SIGNATURE: __________________________ Date: __________________________

<table>
<thead>
<tr>
<th>CHEMISTRY</th>
<th>You must have completed a chemistry course and earned a grade of “C” or better prior to submitting an application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. High School Chemistry (1 credit) or CHE 011 (2 equivalent hours) or CHE 103 / 111 / 113 / 115 (3 – 4 credits)</td>
<td></td>
</tr>
<tr>
<td>“If from high school, you MUST submit a final official high school transcript to verify successful completion of this course”</td>
<td></td>
</tr>
<tr>
<td>“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”</td>
<td></td>
</tr>
<tr>
<td>School where you completed the chemistry requirement: ____________________________________________</td>
<td></td>
</tr>
<tr>
<td>SEMESTER/Year: ___________________________ GRADE: ___________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARITHMETIC PLACEMENT TEST</th>
<th>This is not the same as the Accuplacer Mathematics Placement Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 Math 005 with a grade of “C” or better prior to application.</td>
<td></td>
</tr>
<tr>
<td>APT SCORE: ___________</td>
<td></td>
</tr>
<tr>
<td>MATH 005 - Must provide official transcript if taken at institution other than AACC</td>
<td></td>
</tr>
<tr>
<td>GRADE: _______________ WHERE TAKEN: __________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATI TEAS TEST (Test of Essential Academic Skills)</th>
<th>TEAS V version taken prior to August 31, 2016 will be accepted if it meets the guidelines stipulated below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>A copy of your ATI TEAS Individual Performance Profile must be attached to application. Note: ATI TEAS test not taken in person at an approved testing on-site center will not be accepted.</td>
<td></td>
</tr>
</tbody>
</table>

| MINIMUM OF 27 COLLEGE CREDITS with “C” or better | |
|-------------------------------------------------| |
| 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 at time of application. *Official transcripts are received by AACC in the sending institution’s original sealed envelope. Transcript must verify date of graduation. Your application will be considered incomplete without this document and will be returned. | |
PREREQUISITE COURSES
Must be completed prior to application

- Biology 231/233 must be completed with a minimum grade of “B”
- All other prerequisites 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)

<table>
<thead>
<tr>
<th>PREREQUISITE</th>
<th>GRADE</th>
<th>CREDITS</th>
<th>WHERE COMPLETED</th>
<th>TERM AND YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Human Biology 1 BIO 231 and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Human Biology 2 BIO 232</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*A &amp; P 1 BIO 233 and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*A &amp; P 2 BIO 234</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MICROBIOLOGY 223**

PSY 111

PSY 211

GENERAL EDUCATION MATH 137 or higher.
(Previously taken MAT 121 or 131 will be accepted.)

ENG 111/115

ENG 112/116

**OR**

ENGLISH 121

GENERAL EDUCATION REQUIREMENTS - Must be completed with a grade “C” or better by the end of the program.

SOC 111

ARTS & 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 attached to this application. Attention: Tammie Neall

Do not write explanation(s) on the application.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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.*

Signature: ___________________________ Date: ___________________________

PRINT NAME: ___________________________
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 MD 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 System.
- 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.
- Submit a copy of your DD-214 (Certification of Release or Discharge from Active Duty) as verification of your required medical service.
Verification of current employment as a 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.

NAME: ________________

<table>
<thead>
<tr>
<th>AGENCY:</th>
<th>UNIT:</th>
<th>POSITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISOR'S NAME:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPLOYED FROM:</td>
<td>EMPLOYED TO:</td>
<td></td>
</tr>
<tr>
<td>HOURS WORKED PER WEEK:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUTIES PERFORMED:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: A separate Work Performance Evaluation must be submitted by each agency representing work experience/hours.
## VERIFICATION OF LPN OR PARAMEDIC TRAINING

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS OF SCHOOL</td>
<td></td>
</tr>
<tr>
<td>DATE OF GRADUATION</td>
<td></td>
</tr>
</tbody>
</table>

**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 UNEMCUMBERED 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
ANNE ARUNDEL COMMUNITY COLLEGE  
Arnold, Maryland

LPN/PARAMEDIC  
WORK PERFORMANCE EVALUATION

*Must be received in a sealed company envelope and submitted with your application.

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.

(P) ____________________________ (F) ____________________________
(Print name) (Former or maiden name)

Signature Date

II. SUPERVISOR:

This applicant has applied to Anne Arundel Community College RN Advanced Program Option 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 EMPLOYED:

NAME OF SUPERVISOR ____________________________

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:

2  Needs Improvement
3  Average
4  Above Average
5  Excellent

<table>
<thead>
<tr>
<th>Professional Behavior</th>
<th>RATING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctual</td>
<td></td>
</tr>
<tr>
<td>Presents professional appearance according to dress code</td>
<td></td>
</tr>
<tr>
<td>Maintains professional confidentiality</td>
<td></td>
</tr>
<tr>
<td>Practices within ethical and legal standards of care</td>
<td></td>
</tr>
<tr>
<td>Able to identify self-strengths and areas for improvement</td>
<td></td>
</tr>
<tr>
<td>Adheres to agency policies/procedures</td>
<td></td>
</tr>
<tr>
<td>Respects the opinions and rights of others</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application of the Nursing Process when performing patient care:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment/analysis</td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td></td>
</tr>
<tr>
<td>Implementation</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

| Management of Patient Care:                                    |         |
| Organizes and completes patient care on at least one patient in a timely manner |         |
| Identifies and acts upon priorities of care                    |         |

| Implementation of Nursing Care                                 |         |
| Safely administers prescribed treatments and medications       |         |
| Maintains patient safety while providing physical care         |         |
| Demonstrates safety while performing psychomotor skills        |         |

| Psychomotor Skills – competency in:                           |         |
| IV monitoring                                                 |         |
| NGT/GT feedings                                               |         |
| Sterile fields                                                |         |
| Complex dressing changes                                      |         |
| Oral medications                                              |         |
| IM medications                                                |         |
| SQ medications                                                |         |

| Communication Skills:                                         |         |
| Communicates effectively with the health team                 |         |
| Establishes therapeutic relationships                          |         |
| Reports significant data to the appropriate health team members |         |

| Documentation of Care:                                        |         |
| Documents pertinent data                                      |         |
| Uses appropriate medical terminology consistently              |         |
| Follows agency guidelines for documentation                   |         |

| Any additional comments:                                     |         |

Signature: ___________________________ Title ___________________________ Unit ___________________________ Agency ___________________________

Date ___________________________

Please return with the program application.
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: ___________________________

Semester/year course to be completed: ___________________________

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

<table>
<thead>
<tr>
<th>Department &amp; Course Number</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification of Transferability to AACC (Records Office Use Only)

<table>
<thead>
<tr>
<th>Course Number at Above Institution</th>
<th>Equivalent Course at AACC</th>
<th>Credits Accepted at AACC</th>
<th>Minimum Grade Requirement for Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments ___________________________

____________________________________  Records Initials ______________________  Date ______________________

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.
Consideration will be given only to candidates whose verified resident address is in Anne Arundel County for at least three months prior to the date the application is submitted.

The Address Verification Form is part of the application packet and must be completed in its entirety with the application. Be sure to include two documents as listed on the form to verify residency. If not selected for the initial class, the Address Verification form must be resubmitted to the Records Office.

Questions pertaining to this form can be addressed to Melissa Mumma in the Records Office at 410-777-2721.

OUT OF COUNTY APPLICANTS WILL BE REVIEWED ONLY WHEN SPACE IS AVAILABLE.
ADDRESS VERIFICATION FOR LPN, PARAMEDIC, VET to RN APPLICANTS

Directions: This form must be completed entirely and documents submitted as part of the health sciences program application process.

If you the student support yourself, provide a minimum of two of the documents listed below in your name, at current resident address that are dated three months prior to the application deadline date.

OR

If for the most recent 12 months, you, the student, have resided in Anne Arundel county, but are supported by someone in another Maryland county or state, provide a minimum of two of the documents listed below in your name, at current resident address that are dated three months prior to the application deadline date.

OR

If for the most recent 12 months, another person(s) has provided one-half or more of your financial support, provide a minimum of two documents listed below in your supporter’s name, showing current resident address that are dated three months prior to the application deadline date. In addition, you will need to provide one document from the list below in your name showing your current resident address and dated three months prior to the application deadline date in addition to the two documents from your supporter. The supporter must also complete the information requested in Section B.

Military Personnel Only:
Complete this form with a copy of your military ID (also dependent ID, if spouse or dependent), copy of orders, and a copy of housing assignment, lease, deed or utility bill showing your resident address.

Example: All documents must be dated three months prior to application submission date.

Acceptable Documents:

☐ Maryland Driver’s License
☐ Voter Registration Card
☐ Copy of Deed of Trust or Signed Lease
☐ Maryland Withholding Form – MW 507 (not U.S. W-2)

☐ Maryland Income Tax Return (not U.S.)
☐ Utility Bill: gas, electric, water, phone, cable, etc.
☐ Vehicle Registration Card

The college reserves the right to request additional information and documentation as necessary.

SECTION A – TO BE COMPLETED BY STUDENT

1. Student Name_________________________________________ Student ID or SSN_________________________________

2. Resident Address__________________________________________
   City, State, Zip______________________________________________
   County_________________________________ Day Phone:____________________ Evening:____________________

3. Dates of occupancy at above address__________________________ Own Rent

4. Previous Address______________________________________________
   City, State, Zip______________________________________________
   How long did you live at this previous address? __________________________

5. Are you registered to vote? Yes No County and State______________________________

6. Do you possess a valid driver’s license? Yes No
If yes, in what state issued? __________________________ County __________________________ Date of Issuance __________________________

7. Do you own a motor vehicle?  
   Yes  No

If yes, in what state issued? __________________________ County __________________________ Date of Issuance __________________________

8. Do you have the use of another person’s motor vehicle?  
   Yes  No

   If yes, provide name __________________________ Relationship to student __________________________

9. Are you paying Maryland income tax for this year on all earned income?  
   Yes  No

   If yes, which county? __________________________

10. List where you have filed income tax returns for the past two (2) years.

   20__ State __________________________ County __________________________
   20__ State __________________________ County __________________________

11. If employed, is Maryland income tax currently being withheld?  
    Yes  No

   If yes, which county? __________________________

12. For the most recent 12 months, has another person(s) provided one-half or more of your financial support?  
    Yes*  No

    * If the answer to question 12 is “Yes”, SECTION B (next page) must be completed by your supporter.

Additional information: ____________________________________________

The college reserves the right to request additional information and documentation if necessary.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

__________________________________________  ______________________________
Signature of Student (required)  Date

OFFICE USE ONLY

ACCEPTABLE DOCUMENTS:
1. MD driver’s license
2. MD income tax return (not U.S.)
3. Voter registration card
4. Vehicle registration
5. Utility bill showing home address
6. Copy of deed of trust or signed lease
7. MD withholding form – MW 507 (not U.S. W-2)

□ MILITARY / BRAC WAIVER:
1. Military ID (& Dependent ID, if spouse or dependent)
2. Copy of orders
3. Copy of housing assignment, lease, deed, or utility bill showing resident address

STATUS OF RESIDENT ADDRESS

Anne Arundel county  Other MD county  Out-of-State  Term & Year __________________________

__________________________________________  ______________________________
Authorized Signature  Date
SECTION B – TO BE COMPLETED BY SUPPORTER IF ANSWER TO QUESTION 12 IN STUDENT SECTION IS “YES”

1. Name of Supporter ___________________________________________ Relationship to Student ________________________________

2. Supporter’s Address __________________________________________ City, State, Zip ________________________________

   County ___________________________________________ Day Phone: __________________________ Evening: __________________________

3. Dates of occupancy at above address _____________________________ Own Rent ________________________________

4. Previous Address ____________________________________________ City, State, Zip ________________________________

   How long did you live at this previous address? __________________________

5. Are you registered to vote? ____________________________________ County __________________________________________

   Yes ______ No ______

6. Do you possess a valid driver’s license? __________________________

   Yes ______ No ______

   If yes, in what state issued? __________________________ County __________________________ Date of Issuance __________________________

7. Do you own a motor vehicle? __________________________

   Yes ______ No ______

   If yes, in what state issued? __________________________ County __________________________ Date of issuance __________________________

8. Do you have the use of another person’s motor vehicle? __________

   Yes ______ No ______

   If yes, provide name __________________________________________ Relationship to student ________________________________

9. Are you paying Maryland income tax for this year on all earned income? ______

   Yes ______ No ______

   If yes, which county? __________________________________________

10. List where you have filed income tax returns for the past two (2) years.

    20 ______ State __________________________
    20 ______ State __________________________

11. If employed, is Maryland income tax currently being withheld?

    If yes, which county? __________________________________________

    Additional Information: __________________________________________

The college reserves the right to request additional information and documentation if necessary

_________________________________________ __________________________
Signature of Supporter Date

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.