Registered Nursing
Program Application

Applications Available: May 1, 2019
Application Deadline: July 1, 2019
Program Start: Spring, 2020

ADMISSION REQUIREMENTS

To become a candidate for selection to the Anne Arundel Community College Registered Nursing program, please complete and return the attached application along with a photocopy of your Maryland driver's license, government-issued photo ID card or your AACC ID card. The application must be completed and returned to the Health Sciences Information Desk, Florestano Building, FLRS 100.

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 with the application. Out of county applicants will be reviewed if space is available.

To be considered for conditional acceptance, the applicant must meet the following criteria:

- Attend an Information Session. Please visit [http://www.aacc.edu/apply-and-register/credit-application/health-science-applicants](http://www.aacc.edu/apply-and-register/credit-application/health-science-applicants) for dates and times. Admission and selection information will be reviewed.
- 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. After September 15, 2018 – 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.
- 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. (Previous TEAS V results are acceptable.) Note: ATI TEAS test not taken in person at an approved testing on-site center will not be accepted by AACC’s health sciences programs.
- Official transcripts, if applicable.
- BIO 231/233 MUST be satisfactorily completed with a grade of B or better PRIOR to submitting RN program application.
- Science courses (except chemistry) must be taken within 7 years of time the application is submitted.
- Demonstrate eligibility for ENG 101/ENG 101A.
- Demonstrate eligibility for MAT 137 or higher. Applicants who have a grade of C or better in Math 135 (Statistics) PRIOR to June 1, 2018 do not need to take MAT 137.

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.
IMPORTANT INFORMATION

1. The Admissions Assistant will process applications. Direct all inquiries regarding transcripts or other records related to the selection process to Debby Hopp via email to: dahopp@aacc.edu.

2. All health sciences students who are offered admission and/or clinical placement will be required to submit 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 of 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. 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.
Thank you for your interest in the RN Program at Anne Arundel Community College. The Health Sciences Admissions Office staff will review all applications. In order to avoid the return of your application as incomplete, please verify you have completed/submitted all required information and documentation including grades, scores, and official transcript(s). If you answer “yes” to any of the questions on the Background Information Form you must include a written explanation with your application. Sign and date where indicated.

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 and Registration Office of any courses that do not transfer as equivalent to coursework at AACC.

Waitlisted applicants who are not called for a seat in the spring 2020 class will not be automatically rolled over to fall 2020 and will be required to reapply. There will be new admission requirements and selection criteria for the fall 2020 class.

### Demographic Information

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<th>Last Name</th>
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<th>Last 4 digits of social security #</th>
<th>College ID #</th>
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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.**

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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
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### AACC Email Address – Required

No other email is acceptable

________@mymail.aacc.edu

**IMPORTANT:**

Decisions regarding selection status will be communicated via AACC email account **August 1, 2019**. Please do not call the Health Sciences Office.

The Health Sciences Admission Office communicates with applicants via AACC email account. Students are advised to check their AACC email account periodically throughout the admission process.
By signing below, I agree/understand the following:

1. I have an active admission status at AACC and am in Good Standing with a minimum adjusted GPA of 2.5 or higher at this college. Students are expected to maintain a 2.5 GPA at AACC prior to commencing the RN Program.

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 WES to verify/authenticate your high school and/or college transcripts.

3. An email address is required for verification of receipt of completed application. Applicants are responsible for confirming receipt of email through mymail.aacc.edu.

4. 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.

5. Copy of Maryland driver’s license, other government-issued photo ID or AACC photo ID is attached.

6. A copy of my Individual Performance Profile Test of Essential Academic Skills (not transcript) for the ATI TEAS is attached to this application.

SIGNATURE: __________________________ DATE: ______________

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NURSING ADMISSION REQUIREMENTS

<table>
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<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>
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<tr>
<td>U.S. High School Chemistry (1 credit) or CHE 011 (2 equivalent hours) or CHE103/111/113/115 (3–4 credits)</td>
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*If from high school, you MUST submit a final official high school transcript to verify successful completion of this course

*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

School where you completed the chemistry requirement: __________________________

SEMESTER/Year: ___ GRADE: ___

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ARITHMETIC PLACEMENT TEST* This is not the same as the Accuplacer Mathematics Placement Test

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. Note:

*The APT must be taken within 7 years from date of application submission. There is no time limit on MAT 005.

APT SCORE: _____

MATH 005—Must provide official transcript if taken at institution other than AACC. General education mathematics courses will not take the place of MAT 005.

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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.
ATI TEAS

There is 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.

- Date ATI TEAS was taken: ____________________________

- Testing location of Individual Performance Profile being submitted: ____________________________

- Applicants who have previously achieved a level of proficient or higher on the TEAS V version of this test within 2 years of date of application submission will still be accepted.

- ATI TEAS not taken in person at an approved testing on-site center will not be accepted by AACC’s Health Sciences programs.

- A copy of your ATI TEAS Individual Performance Profile Test of Essential Academic Skills must be attached to this application. Only submit page one of the four-page document. Applications submitted without this profile will be returned as incomplete. Do not submit the transcript. The example below is the appropriate form for admissions purposes.
**REQUIRED PROGRAM GENERAL EDUCATION COURSES**

NOTE: In order to proceed into the RN course sequence, NUR 120, 121 and 122, students must have a B or better in Biology 231 or 233 prior to applying to the Nursing Program. If you are currently enrolled in either of these courses, your application will not be reviewed.

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<tr>
<th>PREREQUISITE</th>
<th>GRADE</th>
<th>CREDITS</th>
<th>COLLEGE WHERE COMPLETED</th>
<th>TERM</th>
<th>YEAR</th>
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<tr>
<td>BIO 231</td>
<td># Human Biology 1 OR</td>
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<tr>
<td>BIO 233</td>
<td># A &amp; P 1</td>
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A grade of C or better in each Registered Nursing and general education course is required.

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<tr>
<th>GENERAL EDUCATION COURSES</th>
<th>GRADE</th>
<th>CREDITS</th>
<th>COLLEGE WHERE COMPLETED</th>
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<td>X # BIO 232 Human Biology 2 OR</td>
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<td>MATH 137 or higher (MAT 135 completed prior to 6/1/2018 with a grade of C or better will be accepted)</td>
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<td>ENG 101/ENG 101A (Previously completed ENG 111, 115 or 121 will be accepted)</td>
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<td>SOC 111</td>
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<td># BIO 223 Microbiology</td>
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<td>✓ PSY 211</td>
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<td>Arts &amp; Humanities (Previously completed ENG 112 or 116 will be accepted)</td>
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- Must be completed with a B or better prior to starting nurse course sequence.  
- # Must be taken within 7 years of the date the application is submitted.  
- X Corequisite for NUR 120/121/122.  
- ✓ Prerequisite to NUR 221.

Students who have previously completed the English Composition general education requirement sequence ENG 111/ENG 112 or ENG 115/ENG 116 or ENG121 and an elective Arts & Humanities general education course with a grade of C or better has fulfilled the English Composition general education requirement and one of the two Arts & Humanities general education requirements for the Registered Nursing.
### 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.

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**NOTE:** Licensing boards for certain health care occupations 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 national certifying boards for your program of interest.

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 program shall be contingent upon satisfactory completion of a criminal background check and satisfactory completion of a health examination record.

Please review prior to submitting. This application must be completed in its entirety. Incomplete applications will be returned and can be resubmitted only after they are complete.

**SIGNATURE (required):** ___________________________ **DATE:** ___________________________

**PRINT NAME:** ____________________________________

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2308 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.
ADDRESS VERIFICATION

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

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.

**Be sure to sign and date the form where indicated on page 2. If you have a supporter, they must also sign and date on page 3.**

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.

__________________________________________
Signature of Supporter

__________________________________________
Date

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RESIDENCY PETITION FOR REGISTERED NURSING APPLICANTS

Directions: In order to be considered for a change in billing status complete all items on the petition and submit along with acceptable documentation within the term for which you are applying. REQUESTS WILL ONLY BE CONSIDERED FOR CURRENT OR FUTURE TERMS.

If you the student support yourself, provide a minimum of two of the documents listed below in your name, at current resident address and dated three months prior to the start of the semester you are applying for.

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 and dated three months prior to the start of the semester you are applying for. 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 start of the semester in addition to the two documents from your supporter. The supporter must also complete the information requested in Section B.

For example: Spring 2014 semester starts January 22, 2014, documents must be dated before October 22, 2013.

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.

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

Honorably Discharged Veterans Only:
Complete this form with a copy of your DD-214 and one of the acceptable documents listed above in your name and showing your resident address. If your DD-214 is already on file, please indicate that at the top of this form.

SECTION A – TO BE COMPLETED BY STUDENT

Term ______________________ Year ____________

1. Student Name_________________________________________________________ AACC ID #: ____________________________

2. Are you a US citizen? _____ Yes ______ No* 
   *If no, are you a permanent resident? ______ Yes _____ No

3. Home Address________________________________________________________ City, State, Zip______________________________ County________________________ Day Phone: __________________________ Evening: __________________________

4. Dates of occupancy at above address ________________________________________ Own ______ Rent __________

5. Previous Address________________________________________________________ City, State, Zip______________________________
   How long did you live at this address? __________________________

6. Are you registered to vote? ______ Yes _____ No
   County and State ________________________________________________________

7. Do you possess a valid driver’s license? ______ Yes _____ No
   If yes, in what state issued?________________________ County __________________________ Date of Issuance________________
8. Do you own a motor vehicle?  ____  ____
   Yes  No

   If yes, in what state issued?  __________________ County________________________ Date of Issuance____________________

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

   If yes, provide name __________________________ Relationship to student_______________________________

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

    If yes, which county? ________________________________

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

    2016  State________________ County________________________
    2017  State________________ County________________________

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

    Yes  No

    If yes, which county? ________________________________

Additional information:______________________________________________________________________________

   ______________________________________________________

13. 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 13 is “Yes”, SECTION B (next page) must be completed by your supporter.

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)

VETERANS

1. _____ DD 214
2. _____ One of the Acceptable Documents

MILITARY

1. _____ Military ID (also Dependent ID, if spouse or child)
2. _____ Copy of orders
3. _____ Copy of housing assignment, lease, deed, or utility bill showing resident address

DECISION

☐ In-County  ☐ Out-of-County  ☐ Out-of-State  Term & Year ____________________________

   Signature of Registrar  Date
SECTION B – TO BE COMPLETED BY SUPPORTER IF ANSWER TO QUESTION 13 IN STUDENT SECTION IS “YES”

1. Name of Supporter__________________________________  Relationship to Student________________________________________________________

2. Are you a US citizen? _____ Yes  No*  *If no, are you a permanent resident? _____ Yes  No  (Bring green card with you)

3. Supporter’s Address__________________________________ City, State, Zip________________________________________________________

   County__________________________________ Day Phone: __________________________ Evening: __________________________

4. Dates of occupancy at above address ____________________________ Own  Rent

5. Previous Address________________________________________ City, State, Zip________________________________________________________

   How long did you live at this address? ____________________________

6. Are you registered to vote? _____ Yes  No

   County________________________________________________________

7. Do you possess a valid driver’s license? _____ Yes  No

   If yes, in what state issued? ____________________________ County____________________________________ Date of Issuance________________________

8. Do you own a motor vehicle? _____ Yes  No

   If yes, in what state issued? ____________________________ County____________________________________ Date of issuance________________________

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

   If yes, provide name ____________________________ Relationship to student________________________

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

    If yes, which county? ____________________________________________

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

    2016  State________________  County________________

    2017  State________________  County________________

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

    If yes, which county? ____________________________________________

Additional Information: ____________________________________________

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

I CERTIFY THAT I HAVE SUPPORTED THE ABOVE-NAMED STUDENT FOR THE MOST RECENT 12 MONTHS AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

________________________________________  __________________________
Signature of Supporter                   Date

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