

Associate Degree Nursing Program Application Form -- 2010

PARAMEDIC MOBILITY TRACK

Please submit this application to the Admissions Office.

If you have **NOT** previously attended Century College, please complete and submit the Century College application with the \$20 application fee. The \$20 application fee is only required for NEW Century College students.

This application is not a substitute for the Century College application.

APPLICATION DEADLINE: November 1, 2009

PLAN AHEAD. APPLICATION AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED PRIOR TO THE DEADLINE

| | | | |
|--|-----------------------|-----------------------------------|----------|
| Name (Last, First, Middle Maiden) | | Social Security Number/Student ID | |
| Permanent Address | City | State | Zip Code |
| Mailing Address (if different from above) | City | State | Zip Code |
| E-mail Address | Home Phone () | Mobile Phone () | |
| Have you ever attended any college? ___ Yes ___ No. If yes, please contact each college and request that an official transcript be sent directly to Admissions at Century College. | | | |

Educational Record: Names of secondary schools, colleges and technical schools attended:

| High Schools or GED * | State | Town or City | Dates | | Degree or diploma received |
|-----------------------|-------|--------------|-------|----|----------------------------|
| | | | From | To | |
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* Please have an **official** high school transcript sent directly to **Admissions** at Century College if graduated within last 5 years.

| Colleges, technical or other post secondary schools | State | Town or City | Dates | | Certificate, degree or diploma received |
|---|-------|--------------|-------|----|---|
| | | | From | To | |
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Please request **official** transcripts from each institution attended to be sent to the Records Office at Century College.

Employment Record: List your employment record indicating most recent employment first.

| Employer or Organization | Nature of work | Dates of employment | |
|--------------------------|----------------|---------------------|----|
| | | From | To |
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PARAMEDIC TRACK PROGRAM APPLICANT CHECKLIST

Applicants must be state certified or nationally registered as an EMT-P. Applicants must have the equivalent of 1 year full-time paramedic work experience prior to the summer program start date. This must be verified by employer. Please complete the following checklist. All items must be completed prior to the application deadline or your application will be denied.

APPLICATION REQUIREMENTS: All items must be completed and documented before the application deadline. All courses completed or in progress must be reflected on official transcripts. Please see the Program Application Booklet for details.

| YES | NO | |
|-------|-------|--|
| _____ | _____ | Have you ever attended Century College? If no: |
| _____ | _____ | Have you submitted the required Century College Application with the \$20 application fee? (A general college application must be on file before your Nursing application can be processed. This Nursing application is not a substitute for the Century College Application form.) |
| _____ | _____ | Have you completed a paramedic program and passed either a State Certification or National Registry exam? Year of graduation _____ Institution _____ Current NREMT-P _____ Date of Expiration _____ State Certification:State _____ EMT-P certification _____ Date of Expiration _____ |
| _____ | _____ | Will you have completed the prerequisite <u>general</u> biology or <u>general</u> chemistry course before the application deadline? If NO, please do not submit this application at this time. |
| _____ | _____ | Will you have completed a minimum of 10 credits of college-level MnTC credits before the application deadline? If NO, please do not submit this application at this time. |
| _____ | _____ | Will you have completed the Anatomy & Physiology I&II courses (8 credits) before the summer start date? If NO, please do not submit this application at this time. |
| _____ | _____ | Have you taken the Accuplacer assessment test for placement in Reading, Writing and Math? All applicants must take the Accuplacer arithmetic and basic algebra levels of the math assessment for placement into Math 1000-Medical Dosages Calculations. (Exemption to the Reading and Writing assessment will be given for a Bachelor Degree completed at a US institution. Coursework equivalent to ENGL 1021 will waive the Writing assessment and a Reading course equivalent to RDNG 1000 will waive the Reading assessment. Courses must be completed with a grade of C or better.) |
| _____ | _____ | Will you have completed all developmental coursework indicated by assessments before the application deadline? If NO, please do not submit this application at this time. (Please note: per our Assessment Department, if developmental courses are taken at another institution, you must retest after course completion and meet minimum requirements.) |
| _____ | _____ | Have you requested official transcripts from <u>ALL</u> post-secondary institutions attended? Transcripts must be current with grades posted for all terms completed prior to the deadline and must be received in a sealed envelope from the originating institution. |
| _____ | _____ | Will you have a minimum of 1 year full-time equivalent paramedic work experience before beginning the mobility nursing program? If yes, Employer _____ Length of current employment _____ Average hours worked per week _____ Your position title _____ (Employer verification form must be submitted by the application deadline.) |

We strongly recommend that you meet with a counselor to discuss your general education credits. (This is recommended to ensure you are on track with the liberal arts requirements.)

Applicant Signature

I hereby certify that the information provided on this application form and in all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that there may be more qualified applicants than available space in the class and that completion of application requirements does not guarantee acceptance into the program.

Signature _____

Date _____

Nursing applications will not be considered unless signed and dated and must be complete by the deadline date. Documentation received after the deadline will not be considered in the selection process.

Admission is granted without regard to race, creed, color, sex, age, national origin or handicap. This institution abides by the provisions of Title IX, federal legislation forbidding discrimination on the basis of sex and by all other federal laws regarding equal opportunity.

Note: Federal and state legislation requires that the contents of student files be open to review by the student. Application forms, high school transcripts, test date, letters, and recommendations that are sent as part of any application for admission will be open to the student's review upon request.