Medical Laboratory Scientist Direct Admit
Completion Checklist
Spring 2023

YOU MUST FILL IN ALL BLANKS

Student name (print): __________________________________________ NSHE #: ____________________________

The semester for which I am applying is: __________________________________

Phone: ______________________________________________________________________________________

The application deadline is: _____________________________________________________________________ Today’s date: ____________________________

1. Check if applicable:
   I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).
   Note: Grades of “P & TP,” and “S or TS” received prior to spring 2020, will be considered a “C” unless you attach an official transcript showing a different grade – see LE Policy for additional information on “S & TS” grades. A grade of “TR” will not be accepted unless you attach an official transcript showing actual grade; and “LELC” courses will be accepted only with proof of approved substitution waiver.

   PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION/WAIVER REQUEST MUST BE ATTACHED IF APPLICABLE

2. Circle either TRUE or FALSE to ALL the following.
   TRUE FALSE I understand that GPA on prerequisite courses must be 2.50 or higher.
   TRUE FALSE I am not currently enrolled in a Limited Entry Program.
   TRUE FALSE I have met with a Health Programs Advisor. Date of meeting: ________________________________
   TRUE FALSE I have completed the Limited Entry Workshop. Date of workshop: ______________________________
   TRUE FALSE I have paid the $20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).
   TRUE FALSE I have completed the following classes with a “C” or higher. (“C-” is not accepted).
   __________ BIOL 190, 196, 223 (grade _____) __________ MATH 126, 126E or higher (grade _____)
   __________ CHEM 121 (grade _____) __________ ECON 261, PSY 210.
   __________ ENG 100, 101, 110 or 113 (grade _____) __________ SOC 210, or STAT 152 (grade _____)

   IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR
   APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM

3. Read and initial the following.
   I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.
   I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.
   I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.
   I understand that if I repeat a course the highest of the first three attempts, including W, WT, or AU, will be used.
   I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline.
   I understand that no additional documentation can be added to my application after the deadline.
   I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn’t provide
   documents.
   I understand that I must submit everything at one time with this checklist even if submitted to another department.
   I understand that once I accept a position in a Limited Entry program I cannot apply to another Limited Entry program until I
   complete the program I originally accepted.
   I understand that I may receive a point(s) reduction if I reapply to a program that I was previously enrolled in.

4. Circle either YES or NO for each item below that you are submitting for points.
   YES NO Proof of a Higher Education Degree of an Associate Degree or higher from an accredited college or university.
   YES NO Proof of successful completion of the MLT/MLS Phlebotomy track (CLS 151, CLS 152, and CLS 153); the
   National Healthcare Association track (CLS 155) and CLS 153; or a NAACLS Approved Phlebotomy Program
   YES NO Proof of National Phlebotomy Credential (ASCP, AMT, or NCCT) or a current Nevada State Laboratory Assistant
   License
   YES NO Paid Medical Laboratory/Phlebotomy Experience (must be on approved form)
   YES NO Proof of Completion of Biomedical CTE program
   YES NO Proof of Certificate of Completion in Health Living and Aging

5. Check all that apply. Fill in ALL blanks.
   I have completed the following general education courses with a grade of “C” or better.
   ______ ENG 102, 114, or COM 101 (grade _____) ______ CHEM 122 (grade _____)
   ______ Human Relations (class taken ________ / grade _____) ______ Fine Arts/Social Sciences/Humanities (class taken ________ / grade _____) (PHIL 102 preferred)
   ______ PSC 101 or HIST 100 (grade _____) OR ______ HIST 101 (grade _____) and HIST 102/217 (grade _____)
   ______ BIOL 191, 197, 224 (grade _____)

6. Check all that apply. Fill in ALL blanks.
   I have completed the following unrestricted or preferred program courses with a grade of “C” or better for points.
   ______ BIOL 325 (grade _____) ______ CHEM 220 (grade _____) ______ PHIL 102 (grade _____)

SUBMIT YOUR COMPLETE APPLICATION PACKET TO THE LIMITED ENTRY OFFICE
WEST CHARLESTON, ROOM K-216, (702) 651-5633

Student Signature: ____________________________________________________