

**Associate Degree Nursing  
LPN to RN Bridge  
Completion Checklist  
Spring 2024**

**\*\*IMPORTANT\*\***  
Form MUST be the semester and year  
for which you are applying.

**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/request.
- \_\_\_\_\_ I have submitted my NV PN License to the Registrar. My MyCSN Transfer Credit Report shows a **minimum of 8 credits for a Nevada Practical Nursing License.**

**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** My science courses (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.  
**TRUE FALSE** I understand that GPA for 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: \_\_\_\_\_  
(Quiz result must be attached).  
**TRUE FALSE** I have paid the \$20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).  
**TRUE FALSE** A copy of my **current** Nevada Practical Nursing License is attached.  
**TRUE FALSE** A copy of my high school transcript (showing date of graduation), GED transcript, HiSet transcript, or transcript showing conferred Associate's degree (or higher) is attached. Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).  
**TRUE FALSE** My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of the ATI score sheet.  
Reading Score \_\_\_\_\_ (min 80%)      Math Score \_\_\_\_\_ (min 60% - 80%)  
English Score \_\_\_\_\_ (min 60% - 75%)      Science Score \_\_\_\_\_ (min 60% - 80%)  
**TRUE FALSE** I have completed the following courses with a "C" or higher. ("C-" is not accepted).  
\_\_\_\_\_ BIOL 189 (year taken \_\_\_\_ / grade \_\_\_\_)      \_\_\_\_\_ ENG 100/101/110/113 (grade \_\_\_\_)  
\_\_\_\_\_ BIOL 223 (year taken \_\_\_\_ / grade \_\_\_\_)      \_\_\_\_\_ PSY 101 (grade \_\_\_\_)  
\_\_\_\_\_ BIOL 224 (year taken \_\_\_\_ / grade \_\_\_\_)  
\_\_\_\_\_ MATH 120, 120E or higher (except 122 and 123) (course taken \_\_\_\_\_ / 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 date.  
\_\_\_\_\_ I understand that no additional documentation can be added to my application after the deadline date.  
\_\_\_\_\_ 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 or exit the program I originally accepted.  
\_\_\_\_\_ I understand that I may receive a point deduction if I reapply to a program that I was previously enrolled in.  
\_\_\_\_\_ I understand that I must transfer TEAS scores to CSN if the test was not taken through CSN.

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

Student Signature: \_\_\_\_\_