

**Associate Degree Nursing
LPN to RN Bridge
Completion Checklist
Fall 2023**

****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 classes (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.
TRUE FALSE I understand that the cumulative GPA in program prerequisite coursework 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 classes 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: _____