

**Medical Laboratory Scientist Direct Admit
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.

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 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 High School Diploma (or transcript), GED transcript, or advanced degree is attached (associate or higher). Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).

TRUE FALSE I have completed the following courses 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 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.

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 (must get approval from Program Director; submit proof with exception waiver)

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 Completion of Health Living and Aging Courses: HHP 150, 190, 201 and 213 with "C" or higher

5. Check all that apply. Fill in ALL blanks.

I have completed the following general education courses with a grade of "C" or higher.

_____ ENG 102, 114, or COM 101 (grade _____)

_____ CHEM 122 (grade _____)

_____ Human Relations (course taken _____ / grade _____)

_____ Fine Arts/Humanities/Social Science (course 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 higher 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: _____