Medical Coding
Completion Checklist
Fall 2023

<table>
<tr><td>**IMPORTANT**
Form MUST be the semester and year
for which you are applying.</td></tr>
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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   My science classes (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.

    TRUE   FALSE   I understand that GPA on prerequisite courses must be 2.0 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   I have completed the following classes with a "C" or higher. ("C-" is not accepted).

    _____ IS 101   (grade _____)   _____ HHP 123/BIOL 223   (year taken _____ / grade _____)
    _____ ENG 100/101/110/113   (grade _____)_____ HHP 124/BIOL 224   (year taken _____ / grade _____)
    _____ HIT 118B   (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, with the exception of Health Information Technology.

    _____ 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   Health Care Work Experience (letter must be in approved format)

    YES   NO   Volunteer Work in the Medical Field (letter must be in approved format)

    YES   NO   CCSD CTE Program Completion (provide copy of certificate)

    YES   NO   Completion of Health Living and Aging Courses: HHP 150, 190, 201 <u>and</u> 213 with C or higher

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

Student Signature: _____