

**Associate Degree Ophthalmic Dispensing  
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.

**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 am not currently enrolled in a Limited Entry Program.

**TRUE FALSE** A copy of my high school diploma, high school transcript, or GED transcript is attached. Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).

**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).

**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** Previous education (provide unofficial transcript)

**YES NO** Ophthalmic related work experience (must be on approved form available online)

**YES NO** Community Service (must be on approved form available online)

**YES NO** Completion of any college level Physics course with "C" or higher ("C-" not considered)  
(Class taken \_\_\_\_\_ / year taken \_\_\_\_\_ / grade \_\_\_\_\_)

**YES NO** Certificate of Completion in Ophthalmic Dispensing at CSN **OR**

**YES NO** Completion of any prior optical courses with "C" or higher ("C-" not considered)  
(Classes taken & grades: \_\_\_\_\_)

**YES NO** Complete ALS 101 with "C" or higher

**YES NO** Completion of any general education classes applicable to the program with "C" or higher ("C-" not considered)

ENG 100/101/110/113 (grade \_\_\_\_\_)

MATH 104B or higher (except 122 and 123) (class \_\_\_\_\_) (grade \_\_\_\_\_)

Communications (class \_\_\_\_\_) (grade \_\_\_\_\_)

Human Relations (class \_\_\_\_\_) (grade \_\_\_\_\_)

Natural Science (class \_\_\_\_\_) (grade \_\_\_\_\_)

Fine Arts/Humanities/Social Sciences (class \_\_\_\_\_) (grade \_\_\_\_\_)

U.S. and Nevada Constitutions (class \_\_\_\_\_) (grade \_\_\_\_\_)

**YES NO** \_\_\_\_\_ NOCE certification by ABO \_\_\_\_\_ NCLE certification by NCLE (Certifications must be current)

\_\_\_\_\_ OA certificate by JCAHPO \_\_\_\_\_ OT certificate by JCAHPO

**YES NO** CTE Program Completion in Healthcare (CNA, Dental Assisting, Sports Medicine, etc.)

**YES NO** Nevada Apprentice Optician License

**YES NO** Cumulative GPA: \_\_\_\_\_ (Completed CSN courses only)

**YES NO** Letter of Intent

**YES NO** I have met with the Ophthalmic Dispensing Program Director. Date of meeting: \_\_\_\_\_  
(approved form with Ophthalmic Dispensing Program Director's signature must be attached)

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

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