

**Practical Nursing  
Completion Checklist  
Summer 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** A copy of my high school transcript (showing date of graduation), GED transcript, HiSet transcript, or transcript showing conferred Associate Degree (or higher) in English is attached. (Unofficial copy is okay)

**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 understand that GPA for prerequisite courses must be 2.50 or higher.

**TRUE FALSE** I have attached proof of current Nevada certification as a Nursing Assistant (CNA).

**TRUE FALSE** I have completed ENG 100, 101, 102, 110, 113, or 114 with a C or higher.

**TRUE FALSE** I have completed MATH 120, 120E or above (excluding MATH 122 & MATH 123) with a C or higher.

**TRUE FALSE** My TEAS score meets the minimum requirement. Fill in score and attach a copy of score sheet.

**TEAS** – Adjusted Individual Total Score \_\_\_\_\_ (64.7% or higher) (6 lifetime attempts)

**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 or AU, will be used.

\_\_\_\_\_ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline.

\_\_\_\_\_ I understand that no additional documentation can be added to my application after the deadline.

\_\_\_\_\_ 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 the program I originally accepted.

\_\_\_\_\_ I understand that I may receive a point(s) reduction 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 at CSN.

**4. Circle either YES or NO for each item below that you are submitting for points.**

**YES NO** Credentialed health care other than CNA (must attach copy of current license, registry, or credential with a valid expiration date and individually assigned number)

**YES NO** Health care work experience (must be on approved form and attach copy)

**YES NO** Previous Education/Advanced Degree (attach transcript/diploma)

**YES NO** HHP 123 or BIOL 223 (grade \_\_\_\_\_) (must be "C" or higher)

**YES NO** HHP 124 or BIOL 224 (grade \_\_\_\_\_) (must be "C" or higher)

**YES NO** Community service (must be on approved form and attach copy)

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

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