

**Radiation Therapy Associate of Applied Science  
Completion Checklist  
Fall 2024**

**\*\*IMPORTANT\*\***  
Form MUST be the semester and year  
for which you are applying.

**YOU MUST FILL IN ALL BLANKS**

Student name (print): \_\_\_\_\_  
NSHE #: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Check if applicable:**

\_\_\_\_\_ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

**Note:** "LELC" courses may require proof of approved substitution waiver/request – see LE Policy; 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.

**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 courses (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.

**TRUE FALSE** I understand that GPA on prerequisite courses must be 2.50 or higher.

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

**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** My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of score sheet.

Reading score \_\_\_\_\_ (min 80%) Math score \_\_\_\_\_ (min 80%)

English score \_\_\_\_\_ (min 60%) Science score \_\_\_\_\_ (min 60%)

**TRUE FALSE** I have completed the following courses with a "C" or higher. ("C-" is not accepted).

\_\_\_\_\_ BIOL 223 (year taken \_\_\_\_\_ / grade \_\_\_\_\_) \_\_\_\_\_ ENG 100/101/107/110/113 (grade \_\_\_\_\_)

\_\_\_\_\_ MATH 116 or higher (except 122 & 123) (course taken \_\_\_\_\_ / grade \_\_\_\_\_)

\_\_\_\_\_ PHYS 110 or any college level physics w/ lab (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.

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

**YES NO** Previous education (transcripts or diploma attached for Doctorate, Masters, Bachelors, or Associate Degree)

**YES NO** Previous medical field experience (letter from employer required) or copy of current Healthcare license, registry, or credential with a valid expiration date and individually assigned number

**YES NO** 25 hours of volunteer work in the medical field using the approved format (see selection criteria sheet)

**YES NO** Proof of Nevada residency (copy of current NV driver's license or proof of in-state NV residency from Registrar)

**YES NO** Completion of Health Living and Aging Courses: HHP 150, 190, 201 and 213 with "C" or higher

**YES NO** Completion of RDTP 100B with "A-" or higher

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

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

\_\_\_\_\_ BIOL 224 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)

\_\_\_\_\_ Communications (course taken \_\_\_\_\_ / grade \_\_\_\_\_)

\_\_\_\_\_ Human Relations (course taken \_\_\_\_\_ / grade \_\_\_\_\_)

\_\_\_\_\_ Fine Arts/Humanities/Social Sciences (course taken \_\_\_\_\_ / grade \_\_\_\_\_)

\_\_\_\_\_ PSC 101 or HIST 100 (grade \_\_\_\_\_) **OR** \_\_\_\_\_ HIST 101 (grade \_\_\_\_\_) **and** HIST 102/217 (grade \_\_\_\_\_)

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

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