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).
   - I understand that GPA on prerequisite courses must be 2.50 or higher.
   - A copy of my High School Diploma (or 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).
   - I am not currently enrolled in a Limited Entry Program.
   - I have met with a Health Programs Advisor. Date of meeting: __________________________________________ (Quiz result must be attached).
   - My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of score sheet.
     - Reading Score ________ (min 80%)
     - English/Writing Score ________ (min 60%)
     - Science Score ________ (min 60%)
   - I have completed the Limited Entry Workshop. Date of workshop: __________________________________________
   - 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.

2. Circle either TRUE or FALSE to ALL the following.
   - TRUE   FALSE I have completed the Limited Entry Workshop. Date of workshop: ____________________________________
   - TRUE   FALSE I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.
   - TRUE   FALSE I understand that no additional documentation can be added to my application after the deadline date.
   - TRUE   FALSE I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.
   - TRUE   FALSE I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.

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 GPA on prerequisite courses must be 2.50 or higher.
   - 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 license, registry, or credential
   - YES   NO 25 hours of volunteer work in the medical field using the approved format as per the selection criteria sheet
   - YES   NO Proof of Nevada residency (copy of NV driver’s license or proof of in-state tuition from Registrar)
   - YES   NO Completion of Health Living and Aging Courses: HHP 150, 190, 201 and 213 with C or higher

Check all that apply. Fill in ALL blanks.

I have completed the following general education courses with a grade of “C” or better.
   - BIOL 223 (year taken ______/grade _____)
   - ENG 100/101/107/1113 (grade _____)
   - MATH 116 or higher (except 122 & 123) (class taken ________ / grade _____)
   - PHYS 110 or any college level physics w/ lab (class taken ________ / grade _____)

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

Student Signature: ____________________________________________