

**Diagnostic Medical Sonography – Cardiac Track
Completion Checklist
Summer 2024**

****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: "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 for prerequisite courses must be 2.50 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 Diagnostic Medical Sonography Introductory Presentation (Quiz result must be 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 60%)
English/Writing 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 _____) _____ HIT 117 (grade _____)
_____ BIOL 224 (year taken _____ / grade _____) _____ ENG 100/101/107/110/113 (grade _____)
_____ PHYS 110 **or** any college Physics with lab (year taken _____ / grade _____)
_____ MATH 116 or higher (except MATH 122 & 123) (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 Copy of current license, registry, or credential with a valid expiration date and individually assigned number
YES NO Previous Medical Field Experience (must be on approved form)
YES NO Volunteer Work in the Medical Field (must be approved format)
YES NO Previous graduate of Diagnostic Medical Sonography program at CSN (year graduated _____ or PD memo)

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

I have completed the following general education courses.
_____ Communications (course taken _____ / grade _____)
_____ Human Relations (course taken _____ / grade _____)
_____ Fine Arts/Humanities/Social Science (course taken _____ / grade _____)
_____ PSC 101 or HIST 100 (grade _____) **OR** _____ HIST 101 (grade _____) **and** HIST 102 or 217 (grade _____)

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

Student Signature: _____