**IMPORTANT**

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

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**Health Information Technology Completion Checklist**

**Fall 2022**

**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: ___________________________

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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.

   **PLEASE NOTE:** PROOF OF APPROVED SUBSTITUTION WAIVER MUST BE ATTACHED IF APPLICABLE

2. **Circle either TRUE or FALSE to ALL the following.**
   - TRUE   FALSE My science classes (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.
   - TRUE   FALSE I understand that GPA on prerequisite courses must be 2.0 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 following classes with a “C” or higher. (“C-“ is not accepted)
     _____ IS 101      (grade ___)   _____ HHP 123/BIOL 223 (year taken ___ / grade ___)
     _____ EN 101/101/110/113 (grade ___)   _____ HHP 124/BIOL 224 (year taken ___ / grade ___)
     _____ HIT 118B (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 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.

4. **Circle either YES or NO for each item below that you are submitting for points.**
   - YES   NO Health Care Work Experience (letter must be in approved format)
   - YES   NO Volunteer Work in the Medical Field (letter must be in approved format)
   - YES   NO CSEF CTE Program Completion (provide copy of certificate)
   - YES   NO Certificate of Completion in Health Living and Aging (provide copy of certificate)

5. **Check all that apply. Fill in ALL blanks.**
   I have completed the following general education courses with a grade of “C” or better.
   - _____ Human Relations (class taken __________ / grade ___) (See HIT requirements)
   - _____ Communications (class taken __________ / grade ___) (See HIT requirements)
   - _____ PHIL 102 (grade ___)   _____ MATH 120, 120E or higher (class taken ___ / grade ___) (except 122 and 123)
   - _____ PSC 101/HIST 100 (grade ___)   OR   _____ HIST 101 (grade ___) and HIST 102/217 (grade ___)

6. **Check all that apply. Fill in ALL blanks.**
   I have completed the following unrestricted Health Information Technology courses with a grade of “C” or better.
   - _____ HIT 105B (grade ___)   _____ HIT 119B (grade ___)

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

Student Signature: __________________________________________

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