

**Associate Degree Nursing
LPN to RN Bridge
Completion Checklist
Fall 2022**

****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.
- I have submitted my NV PN License to the Registrar. My MyCSN Transfer Credit Report shows a **minimum of 8 credits for a Nevada Practical Nursing License.**

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 the cumulative GPA in program prerequisite coursework 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 A copy of my **current** Nevada Practical Nursing License is attached.
TRUE FALSE A copy of my high school transcript (showing date of graduation), GED transcript, HiSet transcript, TASC transcript or transcript showing conferred Associate's degree (or higher) is attached.
TRUE FALSE My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of the ATI score sheet.
Reading Score _____ (min 80%) Math Score _____ (min 60%)
English Score _____ (min 60%) Science Score _____ (min 60%)
TRUE FALSE I have completed the following classes with a "C" or higher. ("C-" is not accepted.)
____ BIOL 189 (year taken ____ / grade ____) ____ ENG 100/101/102/110/113/114 (grade ____)
____ BIOL 223 (year taken ____ / grade ____) ____ PSY 101 (grade ____)
____ BIOL 224 (year taken ____ / grade ____)
____ MATH 120, 120E or higher (except 122 and 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 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 once I accept a position in a Limited Entry program I cannot apply to another Limited Entry program until I complete, or withdraw from, the program I originally accepted.
 I understand that I must transfer TEAS scores to CSN if the test was not taken at CSN.

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

Student Signature: _____