

**Associate Degree Ophthalmic Dispensing
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.

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

2. Circle either TRUE or FALSE to ALL the following.

TRUE FALSE I am not currently enrolled in a Limited Entry Program.
TRUE FALSE A copy of my high school diploma, high school transcript, or GED transcript is attached.
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).

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 Previous education (provide unofficial transcript)
YES NO Ophthalmic related work experience (must be on approved form available online)
YES NO Community Service (must be on approved form available online)
YES NO Completion of college level Physics course with "C" or better ("C-" not considered)
(Class taken _____ / year taken _____ / grade _____)
YES NO Completion of any prior optical courses with "C" or better ("C-" not considered)
(Classes taken & grades: _____)
YES NO Completion of any general education classes applicable to the program with "C" or better ("C-" not considered)
ENG 100/101/110/113 (grade _____)
MATH 104B or higher (except 122 and 123) (class _____) (grade _____)
Communications (class _____) (grade _____)
Human Relations (class _____) (grade _____)
Natural Science (class _____) (grade _____)
Fine Arts/Humanities/Social Sciences (class _____) (grade _____)
U.S. and Nevada Constitutions (class _____) (grade _____)
YES NO _____ NOCE certification by ABO _____ NCLE certification by NCLE
_____ OA certificate by JCAHPO _____ OT certificate by JCAHPO
YES NO CTE Program Completion in Healthcare
YES NO Nevada Apprentice Optician License
YES NO Cumulative GPA: _____
YES NO Letter of Intent
YES NO I have met with the Ophthalmic Dispensing Program Director. Date of meeting: _____
(approved form with Ophthalmic Dispensing Program Director's signature must be attached)

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

Student Signature: _____