

**PHLEBOTOMY SKILLS CERTIFICATE (MLT/MLS Track)
Completion Packet Checklist**

Fill in all blanks and answer all questions

Applicant name (print): _____ NSHE #: _____
Indicate semester for which you are currently applying: ___ Spring ___ Summer ___ Fall ___ Year _____

**APPLICATIONS WILL ONLY BE ACCEPTED FOR CONSIDERATION IF ALL THREE
REQUIREMENTS LISTED BELOW ARE MET AND REQUIRED DOCUMENTS ARE SUBMITTED
WITH APPLICATION**

1. EDUCATION REQUIREMENT (Provide ONLY 1 response)

- YES NO I have attached a copy of my High School diploma, High School transcript or GED equivalent.
OR
YES NO I have attached an unofficial college/university transcript showing an **AWARDED** degree or copy of diploma.

2. CHEMISTRY REQUIREMENT

- YES NO I have completed CHEM 103, 110, or CHEM 121 General Chemistry 1 or equivalent with a grade of "C" or better. Must attach either CSN transfer credit evaluation; CSN unofficial transcript; or unofficial transcript from another institution with course description for the Chemistry course completed

3. MATH REQUIREMENT

- YES NO I have completed Math 126, MATH 126E or higher with a grade of "C" or better. Must attach either CSN transfer credit evaluation; CSN unofficial transcript; or unofficial transcript from another institution with course description for the Math course completed.

4. DECLARED MAJOR REQUIREMENT

- YES NO I have declared an MLT or MLS major
Must attach documentation of declared MLT or MLS major

**EMAIL THIS COMPLETED PACKET INCLUDING THE APPLICATION FORM, PACKET
CHECKLIST, AND SUPPORTING DOCUMENTATION TO THE CLS APPLICATIONS EMAIL
ADDRESS BELOW BY THE APPLICATION DEADLINE**
CLSAPPLICATIONS@CSN.EDU

FOR CSN MEDICAL LABORATORY PROGRAM USE ONLY

Date application received _____

Documentation verification

- | | | |
|---|-----|----|
| 1. Documentation provided for Educational requirement? | Yes | No |
| 2. Documentation provided for Chemistry requirement? | Yes | No |
| 3. Documentation provided for Math requirement? | Yes | No |
| 4. Documentation provided for Declared Major requirement? | Yes | No |

Application accepted for consideration? Yes No

Date Verified _____ By _____

Applicant notified on _____
Date Initials

Applicant entered on CSN application spreadsheet on _____
Date Initials