

**Medical Assisting
Completion Checklist
Fall 2021**

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 for the following.

TRUE FALSE A copy of my high school diploma/transcripts or GED is attached.

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)

_____ COT 127B (grade _____)	_____ ENG 101 (grade _____)
_____ HIT 118B (grade _____)	_____ MA 104B (grade _____)

IF YOU ANSWERED "FALSE" TO ANY OF THE ABOVE ITEMS YOU CANNOT TURN IN YOUR PACKET

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 Credential (must provide copy of current licensure)

YES NO Health Care Work Experience (must be on approved form)

YES NO Typing certificate from approved Testing Center. Location _____

YES NO Completed COT 101B, COT 102B, or COT 103B with "C" or higher.

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

Student Signature: _____