

PHLEBOTOMY

Completion Packet Checklist

Student name (print): _____ NSHE #: _____
 The semester for which I am applying: _____ Phone: _____
 Today's date: _____

1. Check all that apply:

- a. _____ I am transferring or have transferred credits. You must attach a copy of MyCSN Transfer Credit report along with **unofficial transcripts from all schools attended** (TR, ELEC, CLEP not accepted as grade).
- b. _____ I have attended CSN. You must attach an unofficial MyCSN transcript showing **all final grades**.

***** PLEASE NOTE: SUBSTITUTION/WAIVER FORM MUST BE ATTACHED IF APPLICABLE *****

Circle either YES or NO: **All items in this section are required; failure to supply the required documents may result in disqualification.**

- YES NO A copy of my High School Diploma, or high school transcripts, or GED equivalent; or unofficial transcripts from an undergraduate degree is attached.
- YES NO Have you previously been enrolled in this program?

3. Please read and **initial** the following:

- a. _____ I have read and understand the Application Procedures.
- b. _____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline.
- c. _____ I understand that it may take up to 10 weeks to complete a transcript evaluation, including UNLV and NSC.
- d. _____ I understand that I must notify the department of any name, address, or phone change in writing.
- e. _____ I understand that if I repeat a course the highest of the first three attempts, including W or AU, will be used.
- f. _____ I understand that nothing in my file can be changed after the deadline.
- g. _____ I understand that I must reproduce all documentation if I reapply in the future.
- h. _____ I understand that I must submit everything at one time with this checklist.
- i. _____ I understand that I may receive a point(s) reduction if I reapply to the Phlebotomy Program.

4. I am providing proof of satisfying the following items for points towards selection. **Refer to the selection criteria sheet attached to the advisement sheet for explanation.** Circle either YES or NO.

- YES NO Results of Math Accuplacer Exam; I placed in the following math class (check one):
 _____ MATH 95 _____ MATH 96/120 _____ MATH 124 or higher _____ ENGLISH 101 _____
- YES NO I have completed the following courses with a "C" or better:
 _____ ENG 100, 101 or 113 (grade____) _____ ENG 102 or 114 (grade____)
 _____ MATH 100, 104, 111 (grade____) _____ MATH 120 (grade____)
 _____ MATH 95 (grade____) _____ MATH 124 (grade____)
 _____ MATH 096 or 97 (grade____) _____ STAT 152 (grade____)
- YES NO I have Medical Laboratory/Phlebotomy paid experience (must be on approved form).

**RETURN THIS PACKET TO NICHOLAS HOLMAN, ADMINISTRATIVE ASSISTANT III
 CLINICAL LAB SCIENCES PROGRAM, ROOM A-160-1, PHONE: 702-651-5686 CLSAPPLICATIONS@CSN.EDU**

 Student signature



Phlebotomy Application Form

Return this form to:
Clinical Lab Sciences Office
Charleston Campus
Sort Code WCA158, Bldg A-160-1
6375 West Charleston Blvd
Las Vegas, NV 89146-1164
Phone: (702) 651-5686
Email: clsapplications@csn.edu

Please print or type the information below. **NOTE: It is the applicant's responsibility to notify the Clinical Lab Sciences Program and Office of the Registrar of any name, address, or telephone changes.**

Name _____
Last First Middle NSHE Number

Address _____
Number Street Apt. Number

City State Zip Telephone _____
Daytime

E-mail Address _____ Alternate Telephone _____

Indicate the semester for which you are currently applying: Spring Summer Fall Year _____

Have you been enrolled in this program before? Yes No **If yes, please indicate when you were previous enrolled: _____

Are you transferring or have you transferred credits to CSN from another institution (including UNLV and NSC)? Yes No

If yes, you must initiate the transfer of credits process at least 10 weeks before the stated application deadline.

IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT HIS/HER FILE IS COMPLETE AND THAT ALL NECESSARY DOCUMENTS ARE IN PLACE FOR EACH SELECTION PROCESS BEFORE THE STATED DEADLINE.

APPLICATION POLICY AND PROCEDURES

Ralph & Betty Engelstad School of Health Sciences Important Advising Information: This document is considered part of the Clinical Lab Sciences Program Policy and Procedures, and applicants will be required to comply with the policies and procedures therein.

- A. Application Packet: Clinical Lab Sciences Program will only accept complete application packets consisting of all of the following:
 1. A completed Application Completion Checklist with all supporting documents.
 2. A completed Application form with current date, name, address, telephone number and email address.
 3. Documented medical and/or extenuating circumstances if reapplying to same program.
 4. Proof of completion of all program prerequisites as listed on the advisement sheet, selection criteria sheet and Application Completion Checklist.
 5. Results of appropriate placement tests, if applicable.
 6. CSN transcript, if applicable, including all final grades for prerequisite courses.
 7. Unofficial copies of all college transcripts submitted to CSN for evaluation, if applicable.
 8. Unofficial copies of high school transcript or diploma; GED; or unofficial transcript with post-secondary undergraduate degree.
 9. CSN formal evaluation of transcripts from other colleges, if applicable, including UNLV and NSC. Contact the Office of the Registrar for the procedures. *This process may take 10 weeks. TR or LELC are not automatically accepted. Student is responsible for insuring MyCSN Transfer Credit Report reflects accurate course(s) and grade (s).*
 10. Copy of signed Substitution/Waiver form, if applicable, or exception memo from the respective Program Director for incomplete packets. The exception memo is valid for current selection cycle only.
 11. All other program specific documentation listed on the advisement sheet and Program Completion Checklist.

If a prerequisite course has been taken 3 or more times, the highest of the first three attempts, including grades, and/or withdrawals and/or audits that appear in MyCSN will be used for G.P.A. computation.

I certify that the above statements are true to the best of my knowledge.

I have read, understand and agree to comply with the Application Policy and Procedures.

Applicant's Signature _____

Date _____