Medical Assisting
Application Packet Checklist
Fall 2018

Student name: _____ NSHE #: _____

The semester for which I am applying is: _____ Phone: _____

The Applicaton deadline is _____ Today's date: _____

Check all that apply:

_____ 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).

_____ 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 ******

You must circle either TRUE or FALSE on the following:

TRUE **FALSE** A copy of my high school diploma / transcripts or GED is attached.
TRUE **FALSE** I am not currently enrolled in a Limited Entry Program.
TRUE **FALSE** I have met with a Health Programs Advisor.
TRUE **FALSE** I have attended the Limited Entry Workshop. Certificate or quiz results must be attached.
TRUE **FALSE** I understand that the GPA on prerequisite courses must be 2.0 or higher.
TRUE **FALSE** I have completed the following classes with a "C" or better ("C-" not accepted). Fill in all blanks below.

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

IF YOU ANSWERED FALSE TO ANY OF THE ABOVE ITEMS, CONTACT THE DEPARTMENT AT 702-651-5080

Please read and **initial** the following:

_____ My final grades, including transfer credits, must be posted in MyCSN by the deadline.
_____ I must notify the Limited Entry Office of any name, address, or phone change in writing.
_____ If I repeat a prerequisite course, the highest of the first three attempts, including W or AU, will be used.
_____ It may take up to 10 weeks to complete a transcript evaluation, including UNLV and NSC.
_____ Nothing in my file can be changed after the deadline.
_____ I must reproduce all documentation if I reapply in the future. The Limited Entry Office does not maintain records for students.
_____ I must submit everything at one time with this checklist even if submitted to another department
_____ Once I accept a position in a Limited Entry program, I cannot apply to another Limited Entry program until I vacate the position in that program.
_____ I may receive a point(s) reduction if I reapply to a program in which I was previously enrolled.

Check below if you are submitting for points

_____ Health Care Credential (must provide copy of current licensure)
_____ Health Care Work Experience (must be on approved form)

RETURN THIS PACKET TO THE LIMITED ENTRY OFFICE, ROOM K-216, PHONE: 702-651-5633

_____
Student Signature