

**Medical Coding  
Completion Checklist  
Fall 2024**

**\*\*IMPORTANT\*\***  
Form MUST be the semester and year  
for which you are applying.

**YOU MUST FILL IN ALL BLANKS**

Student name (print): \_\_\_\_\_  
NSHE #: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Check if applicable:**

\_\_\_\_\_ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

**Note:** "LELC" courses may require proof of approved substitution waiver/request – see LE Policy; 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.

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

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

**TRUE FALSE** My science courses (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.

**TRUE FALSE** I understand that GPA for 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 courses with a "C" or higher. ("C-" is not accepted).

\_\_\_\_\_ IS 101 (grade \_\_\_\_\_) \_\_\_\_\_ HHP 123/BIOL 223 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)  
\_\_\_\_\_ ENG 100/101/110/113 (grade \_\_\_\_\_) \_\_\_\_\_ HHP 124/BIOL 224 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)  
\_\_\_\_\_ HIT 118B (grade \_\_\_\_\_)

**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, WT or AU, will be used.

\_\_\_\_\_ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.

\_\_\_\_\_ I understand that no additional documentation can be added to my application after the deadline date.

\_\_\_\_\_ 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 or exit the program I originally accepted, with the exception of Health Information Technology.

\_\_\_\_\_ I understand that I may receive a point deduction 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 Work Experience (letter must be in approved format)

**YES NO** Volunteer Work in the Medical Field (letter must be in approved format)

**YES NO** CCSD Health Science Related CTE Program Completion (provide copy of certificate)

**YES NO** Completion of Health Living and Aging Courses: HHP 150, 190, 201 and 213 with "C" or higher

**YES NO** Completion of a CAHIIM Accredited HIT Degree Program

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

Student Signature: \_\_\_\_\_