

**Medical Laboratory Technician
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 on prerequisite courses must be 2.50 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 A copy of my high school diploma/transcripts, GED transcript, HiSet transcript, or advanced degree is attached (associate or higher). Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).

TRUE FALSE I have completed the following courses with a "C" or higher. ("C-" is not accepted).

_____ BIOL 189, 190, 196 (year taken _____ / grade _____)

_____ ENG 100, 101, 110, or 113 (grade _____) _____ CHEM 121 (year taken _____ / grade _____)

_____ MATH 126, 126E or higher (grade _____) _____ CHEM 122 (year taken _____ / 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.

_____ 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 Proof of Higher Education degree (Associate degree or higher) from an accredited college or university

YES NO Proof of successful completion of the MLT/MLS Phlebotomy track (CLS 151, CLS 152, and CLS 153); the National Healthcare Association track (CLS 155) and CLS 153; or a NAACLS Approved Phlebotomy Program

YES NO Proof of National Phlebotomy Credential (ASCP, AMT, or NCCT) or a current Nevada State Laboratory Assistant License

YES NO Paid Medical Laboratory/Phlebotomy Experience (must be on approved form)

YES NO Proof of Completion of Biomedical CTE program

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

5. Check all that apply. Fill in ALL blanks.

I have completed the following general education courses with a grade of "C" or higher.

_____ ENG 102, 114 or COM 101 (grade _____) _____ Human Relations (course taken _____ / grade _____)

_____ Fine Arts/Social Sciences/Humanities (course taken _____ / grade _____) (PHIL 102 preferred)

_____ PSC 101 or HIST 100 (grade _____) **OR** _____ HIST 101 (grade _____) and HIST 102/217 (grade _____)

6. Check all that apply. Fill in ALL blanks.

I have completed the following course with a grade of "C" or higher for points.

_____ PHIL 102 (grade _____)

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

Student Signature _____