

Associate Degree Ophthalmic Dispensing
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 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/transcript, or GED transcript is attached. Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).

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 Previous education (provide unofficial transcript)

YES NO Ophthalmic related work experience (must be on approved form available online)

YES NO Community Service (must be on approved form available online)

YES NO Completion of any college level Physics course with "C" or higher ("C-" not considered)
(Course taken _____ / year taken _____ / grade _____)

YES NO Certificate of Completion in Ophthalmic Dispensing at CSN **OR**

YES NO Completion of any prior optical courses with "C" or higher ("C-" not considered)
(Courses taken & grades: _____)

YES NO Complete ALS 101 with "C" or higher

YES NO Completion of any general education courses applicable to the program with "C" or higher ("C-" not considered)

ENG 100/101/110/113 (grade _____)

MATH 104B or higher (except 122 and 123) (course taken _____) (grade _____)

Communications (course taken _____) (grade _____)

Human Relations (course taken _____) (grade _____)

Natural Science (course taken _____ / year taken _____ / grade _____)

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

U.S. and Nevada Constitutions (course taken _____) (grade _____)

YES NO _____ NOCE certification by ABO _____ NCLE certification by NCLE (Certifications must be current)

_____ OA certificate by JCAHPO _____ OT certificate by JCAHPO

YES NO CTE Program Completion in Healthcare (CNA, Dental Assisting, Sports Medicine, etc.)

YES NO Nevada Apprentice Optician License

YES NO Cumulative GPA: _____ (Completed CSN courses only)

YES NO Letter of Intent

YES NO I have met with the Ophthalmic Dispensing Program Director. Date of meeting: _____
(approved form with Ophthalmic Dispensing Program Director's signature must be attached)

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

Student Signature: _____