

Practical Nursing
Completion Checklist
Summer 2024

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

YOU MUST FILL IN ALL BLANKS

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

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 2.50 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 transcript (showing date of graduation), GED transcript, HiSet transcript, or transcript showing conferred Associate Degree (or higher) is attached. (Unofficial copy is okay)

Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).

TRUE FALSE I have attached proof of current Nevada certification as a Nursing Assistant (CNA). **EXCEPTION MEMORANDUM:** Students may apply without current certification. However, if conditionally accepted into the program, the certification must be obtained and submitted to the Limited Entry Office by June 1, 2024.

TRUE FALSE I have completed ENG 100, 101, 102, 110, 113, or 114 with a "C" or higher.

TRUE FALSE I have completed MATH 120, 120E or higher (excluding MATH 122 & MATH 123) with a "C" or higher.

TRUE FALSE My TEAS score meets the minimum requirement. Fill in score and attach a copy of score sheet.

TEAS – Adjusted Individual Total Score _____ (64.7% or higher) (unlimited attempts)

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.

_____ I understand that I must transfer TEAS scores to CSN if the test was not taken through CSN.

4. Circle either YES or NO for each item below that you are submitting for points.

YES NO Credentialed health care other than CNA (must attach copy of current license, registry, or credential with a valid expiration date and individually assigned number)

YES NO Health care work experience (must be on approved form and attach copy)

YES NO Previous Education/Advanced Degree (attach transcript/diploma)

YES NO HHP 123 or BIOL 223 (year _____ grade _____) (must be "C" or higher)

YES NO HHP 124 or BIOL 224 (year _____ grade _____) (must be "C" or higher)

YES NO Community service (must be on approved form and attach copy)

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

Student Signature: _____