

**Associate Degree Surgical Technology
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 have completed the Purdue Pegboard Dexterity exam (Part I score ____ / Part II score ____) (scores attached).

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).

_____ BIOL 223 (year taken ____ / grade ____) _____ HIT 117 (grade ____)

_____ BIOL 224 (year taken ____ / grade ____) _____ SRGT 101B (grade ____)

_____ ENG 100/101/110/113 (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 Completion of Central Sterile Technician Certificate and Certified Registered Central Service Technician (CRCST) Paid Work Experience (attach form)

YES NO 40 hours of Volunteer Work in Medical Field (attach form)

YES NO 1-2 Letters of Recommendation on approved form(s) (submit, sealed in envelopes)

YES NO Copy of current Healthcare license, registry, or credential with a valid expiration date and individually assigned number

YES NO Paid Healthcare Work Experience (attach form)

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

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

_____ BIOL 189 (year taken ____ / grade ____)

_____ COM 101 (grade ____)

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

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

_____ Human Relations (course taken ____ / grade ____)

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

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

Student Signature: _____