Practical Nursing
Application Packet Checklist
Summer 2017

Student name (print):                                            NSHE #: ______________________________________________________
The semester for which I am applying is: ___________________________ Phone: _________________________________________________
The completion deadline is: ____________________________________) Today’s date: _____________________________________

1. Check all that apply:
   a. ______ I am transferring or have transferred credits. You must attach a copy of MyCSN Transfer Credit report, along with
      unofficial transcripts from all schools attended (TR, ELEC, CLEP not accepted as grade).
   b. ______ I have attended CSN. You must attach an unofficial MyCSN transcript showing all final grades.

   *** PLEASE NOTE: SUBSTITUTION/WAIVER FORM MUST BE ATTACHED IF APPLICABLE ***

2. You must circle either TRUE or FALSE on the following:
   a. TRUE  FALSE  I have met with a Health Program Advisor. Enter date: ________________________________________
   b. TRUE  FALSE  I have completed the LE workshop. Enter date:___________________________(Certificate or Quiz result
      must be attached)
   c. TRUE  FALSE  I am not currently enrolled in a Limited Entry program.
   d. TRUE  FALSE  I have placed into, enrolled in, or completed ENG 100, 101, 102, 113, or 114.
   e. TRUE  FALSE  A copy of my high school diploma, high school transcripts with graduation date, GED (English version)
      transcript, or HiSet (English version) transcript is attached.
   f. TRUE  FALSE  Proof of current certification as a Nursing Assistant (CNA) in Nevada is attached.
   g. TRUE  FALSE  My KAT or TEAS score meets the minimum requirement. Fill in score; attach a copy of score sheet.  
      TEAS – Adjusted Individual Total Score ________ (64.7% or higher)
      KAT – Composite Score ________ (60% or higher)

   *** IF YOU ANSWERED “FALSE” TO ANY OF THE ABOVE ITEMS YOU CANNOT TURN IN YOUR PACKET ***

3. Please read and initial the following:
   a. ______ I have read and understand the Limited-Entry Policy and Procedures.
   b. ______ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.
   c. ______ I understand that I must notify the Limited-Entry office of any name, address, or phone change in writing.
   d. ______ I understand that if I repeat a course the highest of the first three attempts, including W or AU, will be used.
   e. ______ I understand that it may take up to 10 weeks to complete a transcript evaluation, including UNLV and NSC.
   f. ______ I understand that nothing in my file can be changed after the deadline.
   g. ______ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn’t
      provide them.
   h. ______ I understand that I must submit everything at one time with this checklist even if submitted to another department.
   i. ______ I understand that once I accept a position in a Limited Entry program I cannot apply to another Limited
      Entry program until I complete the program I originally accepted.
   j. ______ I understand that I may receive a point(s) reduction if I reapply to a program that I was previously enrolled in.

   I am providing proof of satisfying the following for points towards selection. Refer to the selection criteria sheet attached to the
   advisement sheet for explanation.

   Circle either YES or NO for each item below.

   YES NO  Credentialed health care other than CNA (must provide copy of license or registry)
   YES NO  Health care work experience (must be on approved form)
   YES NO  Community service (must be on approved form)

RETURN THIS PACKET TO DEBBIE BRITT, LIMITED ENTRY OFFICE, ROOM K216
PHONE: 702-651-5633

Student signature