

CENTRAL STERILE TECHNICIAN CERTIFICATE

Application Completion Checklist

Fill in all blanks and answer all questions

Applicant name (print): _____ NSHE #: _____

Indicate semester for which you are currently applying: ___ Spring ___ Fall Year _____

APPLICATIONS WILL ONLY BE ACCEPTED FOR CONSIDERATION IF ALL REQUIREMENTS LISTED BELOW ARE MET AND REQUIRED DOCUMENTS ARE SUBMITTED WITH APPLICATION

1. EDUCATION REQUIREMENT

YES NO I have attached a copy of my High School diploma, High School transcript or GED equivalent.

2. ENGLISH REQUIREMENT (Provide ONLY 1 response)

YES NO I have completed English 100, 101, 110, or 113 with a grade of "C" or better. Must attach either CSN transfer credit evaluation; CSN unofficial transcript; or unofficial transcript from another institution with course description for the course completed

OR

YES NO I scored 237 or higher on Next Gen Accuplacer Reading Test Must attach copy of Accuplacer Reading Test Accuplacer must be completed no more than 5 years prior to the application deadline

3. AGE REQUIREMENT

YES NO I have submitted proof that I am 18 years old or over with a copy of a Nevada issued Driver's License or Identification card.

EMAIL THIS COMPLETED PACKET INCLUDING THE APPLICATION FORM, APPLICATION PACKET CHECKLIST, AND SUPPORTING DOCUMENTATION TO THE SRGTech APPLICATIONS EMAIL ADDRESS BY THE APPLICATION DEADLINE

SRGTech@CSN.EDU

FOR CSN SURGICAL TECHNICIAN PROGRAM USE ONLY

Date application received _____

Documentation verification

1. Documentation provided for Educational requirement? Yes No
2. Documentation provided for English requirement? Yes No
3. Documentation provided for Age requirement? Yes No
Application accepted for consideration? Yes No

Date Verified _____ By _____

Applicant notified on _____
Date Initials

Applicant entered on CSN application spreadsheet on _____
Date Initials

Unique Applicant # _____ Randomized rank _____