

**PHLEBOTOMY FOR NHA CERTIFICATION  
Completion Packet Checklist**

**Fill in all blanks and answer all questions**

Applicant name (print): \_\_\_\_\_ NSHE #: \_\_\_\_\_

Indicate semester for which you are currently applying: \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall Year \_\_\_\_\_

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

**1. EDUCATION REQUIREMENT (Provide ONLY 1 response)**

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

**OR**

YES NO I have attached an unofficial college/university transcript showing an **AWARDED** degree or copy of diploma.

**2. ENGLISH REQUIREMENT (Provide ONLY 1 response)**

YES NO I have completed English 100 or higher 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

**EMAIL THIS COMPLETED PACKET INCLUDING THE APPLICATION FORM, PACKET  
CHECKLIST, AND SUPPORTING DOCUMENTATION TO THE CLS APPLICATIONS EMAIL  
ADDRESS BY THE APPLICATION DEADLINE  
[CLSAPPLICATIONS@CSN.EDU](mailto:CLSAPPLICATIONS@CSN.EDU)**

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**FOR CSN MEDICAL LABORATORY PROGRAM USE ONLY**

Date application received \_\_\_\_\_

Documentation verification

1. Documentation provided for Educational requirement? Yes No

2. Documentation provided for English 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 \_\_\_\_\_