

PHLEBOTOMY SKILLS CERTIFICATE (MLT/MLS Track)

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 ALL THREE 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. CHEMISTRY REQUIREMENT

YES NO I have completed CHEM 103, 110, or CHEM 121 General Chemistry 1 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 Chemistry course completed

3. MATH REQUIREMENT

YES NO I have completed Math 126, MATH 126E, 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 Math course completed.

4. DECLARED MAJOR REQUIREMENT

YES NO I have declared an MLT or MLS major
Must attach documentation of declared MLT or MLS major

EMAIL THIS COMPLETED PACKET INCLUDING THE APPLICATION FORM, PACKET CHECKLIST, AND SUPPORTING DOCUMENTATION TO THE CLS APPLICATIONS EMAIL ADDRESS BELOW BY THE APPLICATION DEADLINE
CLSAPPLICATIONS@CSN.EDU

FOR CSN MEDICAL LABORATORY PROGRAM USE ONLY

Date application received _____

Documentation verification

- | | | |
|---|-----|----|
| 1. Documentation provided for Educational requirement? | Yes | No |
| 2. Documentation provided for Chemistry requirement? | Yes | No |
| 3. Documentation provided for Math requirement? | Yes | No |
| 4. Documentation provided for Declared Major 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