ACUTE CARE CERTIFIED NURSING ASSISTANT PROGRAM

APPLICATION CHECKLIST

Use this checklist as a guide to gather all required documents and forms to apply, including physical exam/immunization forms.
Download, print and complete physical exam/immunization forms from the Acute Care CNA webpage of the SWC Nursing website (www.swccd.edu/nursing).

1. ____ **ORIGINAL** Acute Care CNA Program application

2. ____ **COPY** of active California CNA Certification

3. ____ **SWC STUDENT ID #** – apply online at www.swccd.edu main webpage, click on APPLY & REGISTER. SWC ID # will be emailed to you in two days.
   - For assistance with your SWC application and ID# contact SWC Outreach (www.swccd.edu/outreach)

4. ____ **SWC EMAIL ADDRESS** – All program communications will be via SWC email. We will not email to personal accounts.
   - Access SWC email through MySWC (www.my.swccd.edu). (Sample email: yz0123456@swccd.edu).
   - For assistance contact SWC Admissions and Records (admissions@swccd.edu) or SWC Outreach (www.swccd.edu/outreach)

5. ____ **COPY** of High School diploma or transcript, GED certificate is strongly *recommended but NOT required.
   - *High school diploma or the equivalent is required for federal financial aid and when applying for Associate Degree in Nursing (ADN) Program.
   - *If you will be applying for federal financial aid and/or for the ADN Program, then you will be required to have proof of high school completion.
   - **If you have completed High School outside of the United States, your diploma/degree transcripts must be evaluated by a credentialing evaluations service prior to applying.** Applicants may use Southwestern College approved services listed at www.naces.org

6. ____ **COPY** of Social Security Card (card must be signed). Name on card must match Driver's License/State ID. Card cannot be laminated.

7. ____ **COPY** of Driver's License/State ID

8. ____ **COPY** of CPR certification – Basic Life Support (BLS) Provider from the American Heart Association (Hard copy must be signed; E-card does not need signature). **This is the ONLY acceptable CPR card.**

9. ____ **COPY** of physical exam/immunization forms filled out.
   - **Immunizations are required for clinical placement.**
   - The dates documented on the forms MUST match your immunization records and/or titers (lab work results).
   - Review the information filled out by your healthcare provider for accuracy and completeness (i.e., make sure form has the required dates, signatures, and stamps).

10. _____ **COPY** of immunization records and/or titers (lab work):
- ****Proof of CoVid-19 vaccine****
- 2 MMR shots or Titers for Measles, Mumps, Rubella
- 2 Varicella shots or Titers (if you had the disease, you will need titers as proof)
- 3 Hepatitis B shots or Titers
- Tdap (within 10 years at time of application)
- Seasonal flu shot (*Influenza Vaccination Consent Form* must be completed at the time you receive flu shot)
- 2-Step PPD (two negative TB skin tests) OR one blood test for TB infection.
    - If TB test is positive, a chest x-ray is required.
    - Proof of positive TB (regardless of year) is required for Chest X-ray to be valid.
    - **Chest x-ray results must be dated within five years.**

11. _____ **MAKE COPIES** of your entire application packet for your records, including physical exam/immunization forms, before submitting to Nursing Office. **THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.**

12. _____ **Submit complete application packet in person or U.S. Mail ONLY to**: Southwestern College Higher Education Center, Nursing & Health Occupation Programs, 8100 Gigantic Street, Room 4502, San Diego, CA 92154.

If you are submitting in person, bring application packet to Nursing & Health Occupation Programs during office hours (listed below):
Fall/Spring Hours: Monday – Thursday 8:00am - 5:00pm; Friday 8:00am - 4:00pm; Saturday - Sunday Closed.
Summer Hours: Monday - Thursday 8:00am - 5:00pm; Friday - Sunday Closed.

If you are submitting by mail, application packet must be postmarked by the deadline to be considered.

** All major Healthcare Systems in San Diego County require students and faculty to be fully vaccinated for CoVid-19. Applicants to any Nursing and Health Occupations (ADN, VN-Step-up, VN, CNA, Acute Care CNA, Surgical Technology, Central Service Technician, and Operating Room Nurse) programs will be required to submit proof of vaccine status at time of application (Rev. 042423)**. ****

ACUTE CARE CERTIFIED NURSING ASSISTANT PROGRAM

PROGRAM INFORMATION

Nursing assistant training focuses on the role of the CNA in a skilled nursing facility. Didactic and clinical components focus primarily on skilled nursing care. The Acute Care CNA course focuses on broadening the CNA's scope of knowledge and clinical experience to include skills required to work in an acute care setting.

The **Acute Care CNA 21** class meets once per week on Wednesdays for eight weeks (one six-hour day on campus each week). The **Acute Care CNA 21L** clinical meets for an 8-hour day at a local hospital on Saturdays for clinical practice. Southwestern College is currently offering this course twice each year – once in the spring and once in the fall. This is a short, but intense course. Lectures are held in room 4405 and clinical is held at local hospitals. Students are expected to attend both class and clinical. If the student is late more than twice to either class or clinical, the student will be dropped from the course. This course covers the pathophysiology, treatment, and nursing care of various disorders/diseases. Therefore, it is helpful if you have already taken classes on these topics – biology, microbiology, medical terminology, and anatomy.

Costs involved are for textbooks, parking, and enrollment fees. Students are required to purchase malpractice insurance; the cost is currently $10 (subject to change). The college has a blanket policy which covers the students for $1,000,000/$5,000,000 per year. The total cost of the program is estimated to be $500 (subject to change).

The program accepts 20 students and 5 alternates. All students are expected to meet on the first day of class at 10:00 a.m. Accepted students who fail to attend the first class will be dropped and will have to re-apply for the next available course. Alternates will replace students who do not begin the program.

Applications will _only_ be accepted during the specified application filing period. Applications are reviewed in the order received; based on a date and time stamp. Complete applications will be the priority for program admission. All students are notified of their status via SWC e-mail.

ACUTE CARE CERTIFIED NURSING ASSISTANT

APPLICATION

SWC ID # _____
(Required at time of application)

Last Name: _____ **First Name**: _____ **Middle**: _____
(If no middle name use NMN)

Previous/Maiden Name: _____ **Social Security Number**: _____ **Birth Date**: _____
(If not applicable, indicate with N/A. Important if your records reflect a name different from above)

Address: _____ **City**: _____ **State**: _____ **Zip Code**: _____

Phone: _____ **Alternate Phone**: _____ ***SWC Email Address**: _____
(**All program communications will be via SWC email.* Sample email: yz0123456@swccd.edu)

CNA License Number: _____ **Expiration Date**: _____ **CNA Training School**: _____ Location: _____

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female ☐ **Age**: _____ **Additional Languages**? ☐ Yes ☐ No If yes, list language(s): _____

Ethnicity:
☐ African-American ☐ American Indian/ Alaskan Native ☐ Filipino ☐ Asian ☐ Non-Filipino Asian or Pacific Islander
☐ Pacific Islander ☐ White/ Non-Hispanic ☐ Hispanic ☐ Unknown/Non- respondent ☐ Other/ non-white

All requirements and documentation must be completed and submitted to the Nursing & Health Occupation Programs Office. ==All students will be notified via SWC email regarding program admission <u>after</u> the application period closes and all applications have been reviewed==.

<u>Important</u>: If you have a change in address or phone number, you must contact the Program Technician in the Nursing Office to provide updates. **Your admission status will be compromised if we are unable to reach you by your SWC email address**. Please make copies of your complete application prior to applying to the program. Once your application is submitted to our office, it becomes sole property of the Nursing Department, and we will not release or make copies of any documents.
Email changes to: nursing@swccd.edu

To the best of my knowledge, the above information is true and correct. Failure to disclose accurate information may result in candidate not being accepted into our program and/or to continue in said program.

Please initial_____ (indicating that you have read and agree with this statement).

Applicant Signature: _____ Date: _____

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