VOCATIONAL NURSING (VN)
CHECKLIST & APPLICATION

Applicants Full Name: _____

The required documents and forms on pages 1-2 must be submitted by the application deadline (April 12, 2024). If you are offered a seat in the program, additional documents and forms listed on page 3 will be submitted by specific dates provided to you by the Nursing & Health Occupation Programs (NHOP) Office.

1. _____ **ORIGINAL** Vocational Nursing Program application. Print neatly in blue or black ink. Typewritten preferred.

2. _____ **SWC STUDENT ID Number** – apply online on main webpage (www.swccd.edu), 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).

3. _____ **SWC EMAIL ADDRESS** – All program communications will be via SWC email. We will not email to personal accounts.
   - Access SWC email through MySWC (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).

4. _____ **COLLEGE TRANSCRIPTS**
   A. Submit **UNOFFICIAL TRANSCRIPTS**/print out of ALL colleges attended, including Southwestern College, with this application.
   B. **OFFICIAL** transcripts must be mailed or sent electronically to SWC Admissions & Records *(if you did not attend SWC).* **Do not send your official transcripts to the Nursing Office.**

   - If you attended another college, request from your previous educational institution(s) to send official transcripts directly to:
     SWC Admission & Records, 900 Otay Lakes Road, Chula Vista, CA 91910.
   - If you attended SWC, your official transcripts will be on file with the college in Admissions & Records and you do not need to request an official copy.

5. _____ **COPY** of High School diploma or transcript, GED certificate or proof of a *higher degree.
   - Proof of high school completion is a Board of Vocational Nursing & Psychiatric Technicians (BVNPT) requirement.
   - **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 as NACES members (www.naces.org).
   - *Higher degree accepted is bachelor degree or higher as proof of high school equivalency. Associate degree cannot be used as proof of high school equivalency.

6. _____ **COPY** of Driver's License/State ID

7. _____ **COPY** of unofficial ATI TEAS transcripts (showing **all** TEAS test results). Log in to your ATI account to download; print unofficial transcript.
   - If you scored below 62 on your first TEAS attempt (within the same version), submit proof of TEAS remediation. For TEAS Remediation Plan, visit [TEAS Testing webpage](#) of nursing website (www.swccd.edu/nursing).

8. _____ **COPY** of active certification or license: CNA, Corpsman, Certified Medical Assistant, EMT, Patient Care Technician, ER Technician, Home Health Aide, Psychiatric Technician; VN license or Paramedic license (Must have obtained or renewed certification within last two years. Must be certified in California).

9. _____ **IF APPLICABLE, COPY** of processed [Program Enrollment Prerequisite Evaluation](#) form. **This form must be completed ONLY if program prerequisites were NOT taken at SWC**.
   To submit a Program Enrollment Prerequisite evaluation request, click on the [Prerequisite Program Enrollment form](#) link here or located on the [Prerequisites webpage at http://www.swccd.edu/prerequisites](#) . You will need to log out of all personal Google accounts before accessing the form. The form will require you to sign in with your MySWC credentials. To complete the form, read the instruction on the first page completely then click "Next". On the second page of the form, fill in your phone number and select the program for which you want your prerequisites evaluated (e.g., ADN, VN, STEP-UP, etc.). Fill in the table with all the information requested; **the Prerequisites Office will not process partially completed forms**. Indicate if you are attaching supporting documentation and attach the documents using the "Choose File" below the grid on the second page of the form. When you are done, click submit. All email notifications of form completion or needed corrections will be sent to your @swccd.edu email address. Be sure that your email is active and that you are checking it regularly. Processing usually takes one business week (up to 5 business days), so plan accordingly. A link to the completed form will be included in the email notifying you that your form is complete. **Use Adobe Reader to open, download and print the processed form** (it will not print correctly from a web browser).

10. _____ Proof of Co-Vid 19 vaccine, including booster. **** 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 Occupation Programs (NHOP) (ADN, Step-Up LVN to ADN, VN, CNA, Acute Care CNA, Surgical Technology, Central Service Technician, and Operating Room Nurse) will be required to submit proof of vaccine status at time of application **** (Rev. 04-24-23).

11. _____ **COPY** of this checklist must accompany your application after you review and initial each item. Do not staple the application. Do not use paperclips/binder clips.

12. _____ **MAKE COPIES of your entire application packet for your records before submitting it to Nursing & Health Occupation Programs Office.**
   THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.

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

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

IMPORTANT: Applicants who are offered a seat in the program will be required to submit the documents and forms below. The NHOP Office will provide you with specific deadlines to submit the documents and forms. Acceptance into the program will be contingent upon NHOP Office receiving these items by the given deadlines.

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

_____ **COPY** of CPR certification – Basic Life Support Provider/Healthcare Provider from the American Heart Association (Hardcopy must be signed; E-card does not need to be signed). **This is the ONLY acceptable CPR card.**

_____ **COPY** of Student Education Plan (SEP). SEP must be program specific and dated within one year at time of application.

_____ **COPY** of physical exam/immunization forms filled out. Download forms from nursing website (www.swccd.edu/nursing).
- **Immunizations are required for clinical placement.**

_____ **COPY** of immunization records and/or titers (lab work). REQUIRED immunizations OR titers include:
- 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) <u>OR</u> 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.**

VN PROGRAM APPLICATION

SWC ID # _____
(Required at time of application)

Last Name: 　　　　　　　　　**First Name**: 　　　　　　　　　**Middle**:

(If no middle name use NMN)

Previous/Maiden Name: 　　　　　　　　　**U.S. Citizen?** Yes ☐ No ☐

(If not applicable, indicate with N/A. Important if your records reflect a name different from above)

Birth City: 　　　　　　　　　**Birth State**: 　　　　　　　　　**Birth Date**:

(Required by Board of Vocational Nursing & Psychiatric Technicians, BVNPT)

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

Phone: 　　　　　　**Alternate Phone**: 　　　　　　**SWC Email Address**:

(All program communications will be via SWC email. Sample email: yz0123456@swccd.edu)

**Important: After submitting your application, if you have a change in address or phone number, you must contact the Program Technician in the Nursing Programs Office in writing. If you are selected for admission, and we are unable to reach you by your SWC email address, your admission status may be compromised and your place may be forfeited. Email changes to: nursing@swccd.edu   Please initial acknowledging this requirement _____.

Program prerequisites must be completed before applying. Coursework in progress will not be accepted.

Program prerequisites **not** completed at SWC must be cleared by the Prerequisites Office using the Program Enrollment Prerequisite Evaluation form.

Fill out course number and units as they appear on your transcripts.

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
*BIO 260 Anatomy	lecture	lecture	Yes/No			
OR Anatomy & Physiology I	lab	lab				
*BIO 261 Physiology	lecture	lecture	Yes/No			
OR Anatomy & Physiology II	lab	lab				
ENGL 115 College Comp			----			
MATH 60 Intermediate Algebra I (or) ****MATH 119 Elementary Statistics			----			
HLTH 204 Fundamentals of Nutrition			----			
CD 170 Child Development			----			
Certified Nursing Assistant Certification (CNA)						

*BIO 260 & BIO 261 will be required when applying for Fall 2021 and future cohorts (curriculum change approved November 2019). BIO 190 will no longer be accepted for the VN Program. **MATH 60 has been discontinued and no longer offered as of Summer 2023 but will be accepted if previously taken. MATH 119 will be accepted effective Summer 2023.

Rev. 111323 vp

DEGREES EARNED		
Name of College	**Years Attended** (i.e., 2015-2018)	**Degree Awarded**

Have you previously applied to SWC Vocational Nursing?　　　Yes ☐　No ☐　　If yes, list the year(s): _____

PREVIOUS NURSING BACKGROUND:

1. Have you had any formal nursing education?　Yes ☐　No ☐　If yes, place a checkmark next to program and provide program details below:
   a.　ADN _____　　　　　　BSN _____　　　　d. Orderly _____
   b.　LVN/LPN _____　　　　　　　　　　　　　e. Corp School _____
   c.　Nurse Assistant _____　　　　　　　　　　f. Other (specify): _____

   Name of School: _____　City & State: _____

   Enrolled from _____ to _____　Date Graduated: _____
   　　　　　　　Month/Year　　　Month/Year

2. Have you had any formal education in other health care occupations?　Yes ☐　No ☐　If yes, please list: _____

TEAS SCORE (within the same version): 1st Attempt: _____　Date: _____　Remediation Date (completed): _____ (Required if score for 1st Attempt is less than 58%).
　　　　　　　　　　　　　　　　　2nd Attempt: _____　Date: _____ (Required if score for 1st Attempt is less than 58%).
Attach ATI TEAS unofficial transcripts showing all test scores. A score of 58 or higher is required to be eligible for admission into the program. Review the TEAS Testing webpage
of the SWC Nursing website (www.swccd.edu/nursing) for current TEAS policy, updates and remediation.

COMPLETE FOR STATISTICAL PURPOSES ONLY

Gender: ☐ **Male** ☐ **Female**

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

Language spoken at home ☐ Arabic ☐ Chinese including dialects ☐ English ☐ Farsi ☐ Russian ☐ Spanish ☐ Tagalog ☐ Other: _____

For DSS students only:
Did the school where you took the TEAS provide an accommodation for a documented disability? ☐ Yes ☐ No **If yes, which school:**

Age: ☐ Under 19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ Over 50

All requirements and documentation must be completed in full and submitted to the Nursing Office to be considered for admission. All students will be notified via SWC email regarding program admission after the application period closes, and all applications have been reviewed.

To the best of my knowledge, the above information is true and correct. Failure to disclose accurate information may be cause for non-selection or dismissal from the program.

Applicant Signature: _____ Date: _____