



SURGICAL TECHNOLOGY PROGRAM CHECKLIST & APPLICATION

Applicants Full Name: _____

The required documents and forms on pages 1-2 must be submitted by the application deadline (June 18, 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** Surgical Technology Program application. Print neatly in blue or black ink. Typewritten preferred.
2. ____ **SWC STUDENT ID Number** – 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](http://www.swccd.edu/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](http://my.swccd.edu) (my.swccd.edu). (Sample email: yz0123456@swccd.edu).
 - For assistance contact [SWC Admissions and Records](mailto:admissions@swccd.edu) (admissions@swccd.edu) or [SWC Outreach](http://www.swccd.edu/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.
 - **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](http://www.naces.org) (www.naces.org).
 - *Higher degree accepted is bachelor's degree or higher as proof of high school equivalency. Associate's degree cannot be used as proof of high school equivalency.
6. ____ 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. 042423).
7. ____ **COPY** of Driver's License/State ID

8. _____ **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](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 of 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).

9. _____ **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.
10. _____ **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.
11. _____ 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):

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.

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](http://www.swccd.edu/nursing) (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) 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.**



SURGICAL TECHNOLOGY PROGRAM APPLICATION

SWC ID # _____
(Required at time of application)

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

Previous/Maiden Name: _____
(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)

High School or GED location: _____ **Graduation Year:** _____

Have you previously applied to this program? Yes **No**
If yes, when? _____

Are you fluent in any language(s) other than English? Yes **No**
If yes, list: _____

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 _____.

PREREQUISITES & OTHER REQUIREMENTS	Course Number	No. of Units	Lab Course		Year Completed	Name of College	Letter Grade Received
			Yes	No			
BIOL 260 Human Anatomy							
MEDOP 230 Medical Terminology			-	-			
BIO 265 Microbiology							
MATH 60 Intermediate Algebra I			-	-			
ENGL 115 College Composition			-	-			
COMM 174 Interpersonal Comm			-	-			
PSYC 101 General Psychology			-	-			
One Humanities GE course (from GE-C)			-	-			
*One Ethnic Studies course							

* The Ethnic Studies graduation requirement went into effect Fall 2023 and applies to SWC associate degree-seeking students. This is not a surgical technology program/prerequisite requirement but a SWC graduation requirement. Please make an appointment with SWC Counseling to review your catalog rights and academic records so that if you have not met the Ethnic Studies requirement, you can take a course.

Do you have a degree (any major)? Yes No

If yes, list major and degree earned: _____

Have you completed a Central Sterilization Program and/or obtained a Sterile Processing Certification? Yes No

If yes, provide proof of program completion or certification with application.

Have you had any formal education in a healthcare occupation? Yes No If yes, indicate type of program:

- RN Associate Degree Orderly LVN/PN EMT/Paramedic Certified Nurse Assistant
 Corps School Other: _____

Name of School: _____ City and State: _____ Enrolled from: _____ to _____
month/year month/year

Date graduated: _____

Do you have work or volunteer experience in healthcare? Yes No

If yes, provide documentation such as a letter from employer (i.e., HR department) on company letterhead to verify years worked and/or volunteered.

CURRENT OR PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE IN HEALTHCARE

<u>Agency</u>	<u>Position</u>	<u>From</u>	<u>To</u>

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age: _____
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Unknown <input type="checkbox"/> Other:
Education - Highest Level Completed: _____
Languages spoken at home: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese including dialects <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

All requirements and documentation must be completed in full and submitted to Nursing & Health Occupation 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 result in candidate not being accepted into our program and/or to continue in said program.

Applicant Signature: _____ Date: _____