This course is designed for students interested in a career in Nursing. Completion of the course is valued high on the points system for entrance into the Associate Degree Nursing and the Vocational Nursing programs. Completion of this course confers eligibility to take the State Certification exam for CNA. CNAs are employed by hospitals, skilled nursing facilities and other health care agencies. The course content includes fundamental procedures to meet basic needs of patients, gathering data about the patients, communicating appropriately and other content required by State regulations for nurse assistant certification. *The CNA course is repeatable only once, and attendance to *all* class meeting days is mandatory. Reading 56 or higher is recommended.

Costs involved are for textbooks, parking, and enrollment fees. Students will be required to purchase malpractice insurance and complete background check and drug screening. Students are required to wear maroon colored scrubs with white shoes. The total cost of the program is estimated to be approximately $750.

Enrollment is restricted to students who have applied within the appropriate application period through the Nursing Department and have been formally accepted. The program accepts 40 students plus alternates (if potential students from the accepted group are unable to participate). All **accepted** students must attend orientation and meet on the first day of class at 8:00 a.m. Accepted students who fail to meet the first class **will be dropped** and will have to re-apply for the next available session. Class absences may result in the student being dropped from the program.

All applications may be submitted <u>in person, US Mail, or faxed</u> **to the Nursing Office (8100 Gigantic Street San Diego, CA. 92154, Office 4401 Fax No. (619) 216-6603)**. Applications will *only* be accepted during the times specified on the application period. Do not drop your applications *before* the 9:00 a.m. start time as your application will <u>not</u> be accepted.

Applications are accepted on first come, first served basis; based on date and time stamp. All applicants will be notified of their status via e-mail.

STATE CERTIFICATION:
After successful completion of the nursing assistant training program you are eligible to apply for the California State Department of Health Services certification exam. The exam is administered on campus and the current fee is $90 *(subject to change)*.

SOUTHWESTERN COLLEGE
CERTIFIED NURSING ASSISTANT PROGRAM

CRIMINAL SCREENING FORM

Last Name: _____   First Name: _____   Middle: _____

Social Security Number: _____   Birth Date: _____   SWC ID # _____

1. Have you been convicted, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).
   ☐ Yes ☐ No
2. Have you ever been previously cleared of prior convictions by the Department of Health Services?
   ☐ Yes ☐ No
3. Have you ever been revoked or denied certification for nursing assistant?
   ☐ Yes ☐ No
   If yes, what state? _____
4. Have you ever been enrolled and/or completed a nursing assistant course?
   ☐ Yes ☐ No
   If yes, what state? _____

If you have answered "yes" to question #1, you have the option to clarify your status with the Department of Public Health, Licensing and Certification Program prior to enrolling in the nursing assistant course. Please refer to the "Criminal Background Clearance Process" section on the Southwestern College Nursing website.

Expunged records or cases related to 1203.4 and or 1203.4a are required to disclose information.

I hereby certify that all statements made on this form are true and complete. Any false statements are subject to application review and possible denial into the CNA course, per the Nursing and Health Occupations Department.

Applicant's Signature _____   Date_____

Student Application Checklist of <u>REQUIRED</u> Items

You will need **ALL** of the following items at the time of application, please make copies of your records prior to applying.

☐ Application **(submitted in person, US mail, or via fax ONLY)**

☐ Criminal Screening Form

☐ SWC ID Number (required at time of application)

☐ Copy of:

- Social Security Card
- Driver's License/State ID
- CPR certification – Healthcare Provider from the American Heart Association
- U.S. High School Diploma/GED or high school transcripts (**All foreign degrees must be evaluated by an agency <u>prior</u> to applying**)
- Immunization card/record or titers (lab work)

☐ Physical Examination Form with all immunizations completed
- 2 MMRs or Titers for Measles, Mumps, Rubella
- 2 Varicella or Titers (if you had the disease you will need titers)
- 3 Hepatitis B or Titers
- Tdap (within 5 years at time of application)
- Flu (must be current season)
- 2-Step Intradermal TB Mantoux Test or Titers (Quantiferon TB) or if TB positive, a chest x-ray **within 5 years**.

Your immunization records and/or titer results <u>MUST</u> accompany the application packet

Rev: 4/10/15mm

SOUTHWESTERN COLLEGE
CERTIFIED NURSING ASSISTANT PROGRAM

Last Name: _____ First Name: _____ Middle: _____

If no middle name use NMN

Previous Name/Maiden Name: _____

Important if your records reflect a name different from above

Social Security Number: _____ Birth Date: _____ SWC ID # _____

(Required by the Department of Health Services) *(Required at time of application)*

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

Ph#: _____ Cell#: _____ *Email Address: _____

(*must provide valid email address)

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ **Male** ☐ **Female**

Ethnicity: ☐ African-American ☐ American Indian ☐ Filipino ☐ Non-Filipino Asian or Pacific Islander ☐ Caucasian
☐ Hispanic ☐ Unknown ☐ Other_____

Disclosure: All prospective enrollees will be screened for previously revoked or denied certification.

To the best of my knowledge, the information submitted on this application is complete, truthful, and accurate. I understand that falsification of any information on this application may be cause for non-selection or dismissal from the program.

Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing send email to nursing@swccd.edu. Your admission status will be compromised if we are unable to reach you. **Please make copies of your complete application prior to applying to our 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. **Please initial_____** (indicating that you have read and agree with this statement).

Applicant Signature: _____ Date: _____