SOUTHWESTERN COLLEGE

SOUTHWESTERN COLLEGE
SURGICAL TECHNOLOGY PROGRAM

The Surgical Technology Program prepares the student to function in operating rooms under the direct supervision of physicians and nurses. Surgical technologists assist in scrubbing and with the surgical procedures. Most work settings are in hospital operating rooms, emergency rooms and out-patient surgical clinics. Salaries in the San Diego area range from $30,000 to $40,000 per year to start.

The Surgical Technology Program is three semesters: fall, spring and summer. Prospective students may apply for the program after completing all the pre-requisite courses listed below.

REQUIRED PRE-REQUISITE COURSES:

- Biol 190 Human Anatomy and Physiology 4 units
  - or-
  Biol 260 Human Anatomy 5 units
- Medop 230 Medical Terminology 3 units
- College-level Reading (Reading 158 or proficiency on assessment test)
- High school graduation in the U.S., GED or degree from a U.S. accredited college.

NOTE: All pre-requisites MUST be completed at time of application (no exceptions).
If pre-requisites were completed anywhere **other than SWC**, you **MUST** complete the Pre-requisite Evaluation Request for Program Enrollment Form (contact SWC Pre-Requisites Department).

The program accepts 20 students every fall semester. We do not accept applications unless they contain **ALL** requested documentation and prerequisites (see application checklist).

Complete applications are accepted in person, via fax , or US Mail and sent to Higher Education Center, Otay Mesa, 8100 Gigantic Street San Diego, CA 92154 Office 4401. Once application packet is submitted, it becomes our sole property. Please make copies of your records prior to applying. All interested applicants must apply during the annual application period.

If you are interested in obtaining an Associate in Science Degree for this program, we suggest making an appointment with Academic Counselor to review the courses needed for a degree in Surgical Technology.

COST:
The cost of the surgical technology program is currently estimated to be about **$2,000.**
The greatest direct expense is at the beginning of the first semester. Textbooks, enrollment fees, material fees, malpractice insurance and uniforms are the major cost items.

SOUTHWESTERN COLLEGE

Southwestern College
Surgical Technology Program

Student Application Checklist of REQUIRED Items

You will need **ALL** of the following items at the time of application.

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

☐ Unofficial transcripts must accompany application showing evidence of pre-requisites;

(including SWC) **OFFICIAL transcripts must be sent to the Admissions and Records office at 900 Otay Lakes Road Chula Vista, CA 91910)**

☐ 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 prior to applying**)
- Student Educational Plan **(SWC CURRENT STUDENTS: Must be program specific and preferably dated within 6 months at time of application)**
- Immunization card/records and/or titers (lab work)
- Pre-requisite Evaluation Request for Program Enrollment Form via Pre-requisite Office, if applicable (to clear external pre-requisites).

☐ 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 must have titers)
- 3 Hepatitis B or Titers
- Tdap (within 5 years at time of application)
- Flu (must be completed between October and November of each year)
- 2-Step Intradermal TB Mantoux Test,Titers (Quantiferon TB) or chest x-ray within 5 years.
-

Your immunization records or titer** (lab work) **results MUST accompany the application packet

8100 Gigantic Street • San Diego, CA • 92154
(619) 482-6352 Office • (619) 216-6603 Fax
www.swccd.edu/nursing • email: nursing@swccd.edu

SOUTHWESTERN COLLEGE

Surgical Technology 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 at time of application)

Address: City: State: Zip Code:

Phone: Alternate Phone: *Email Address:

*(*must provide valid email address)*

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

Have you previously applied to this Program? ☐ Yes ☐ No
If so, when? _____

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

PREREQUISITES COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
***Human Anatomy & Physiology **OR** Human Anatomy			Yes/No			
*Medical Terminology			Yes/No			
*College-level Reading			Yes/No			

__OFFICIAL__ transcripts **__MUST__ be sent to SWC 900 Otay Lakes Road Chula Vista, CA 91910 **__prior__** to submitting your application.

8100 Gigantic Street • San Diego, CA • 92154
(619) 482-6352 Office • (619) 216-6603 Fax
www.swccd.edu/nursing • email: nursing@swccd.edu

SOUTHWESTERN COLLEGE

PREVIOUS BACKGROUND IN HEALTHCARE

Have you had any formal education in other healthcare occupations? ☐ Yes ☐ No

If answer is yes, indicate type of program:

☐ RN ☐ Associate Degree ☐ Orderly ☐ LVN/LPN ☐ EMT/Paramedic

☐ Baccalaureate ☐ Certified Nurse Assistant ☐ Corps School ☐ Other_____

Name of School: _____City and State:_____Enrolled from: _____ to _____Date Graduated: _____

month/year *month/year*

PREVIOUS WORK EXPERIENCE

Agency	Position	From	To

DO YOU HAVE A HOSPITAL SPONSOR? ☐ No ☐ Yes (please provide the following information)

Name of Agency	Contact Person	Email	Phone Number

8100 Gigantic Street • San Diego, CA • 92154
(619) 482-6352 Office • (619) 216-6603 Fax
www.swccd.edu/nursing • email: nursing@swccd.edu

SOUTHWESTERN COLLEGE

COMPLETE FOR STATISTICAL PURPOSES ONLY

Gender: ☐ **Male** ☐ **Female**
Age: _____
Ethnicity: ☐ African-American ☐ American Indian ☐ Filipino ☐ Non-Filipino Asian or Pacific Islander ☐ Caucasian ☐ Hispanic ☐ Unknown ☐ Other:_____
Education: Highest Degree Completed:
Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Separated**
U.S. Citizen? ☐ **Yes** ☐ **No**

To the best of my knowledge, the above information is truthful and accurate. The information submitted in this application packed it complete 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 by sending an 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: _____

For Official Use Only: ☐**Application Packet Complete** ☐ **Verified Social Security Card**

8100 Gigantic Street • San Diego, CA • 92154
(619) 482-6352 Office • (619) 216-6603 Fax
www.swccd.edu/nursing • email: nursing@swccd.edu