



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 \$35,000 to \$50,000 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 4 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 or US Mail and sent to Higher Education Center, Otay Mesa, 8100 Gigantic Street San Diego, CA 92154 Office 4502. 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 **\$2,200**.

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.

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

Student Application Checklist of REQUIRED Items

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

- ☐ Complete Application (**submitted in person or US mail 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 (card must be signed)
 - Driver's License/State ID
 - CPR certification – Basic Life Support/Healthcare Provider from the American Heart Association (card must be signed)
 - U.S. High School Diploma/GED or high school transcripts (**All foreign degrees/diplomas 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 MMR shots or Titers for Measles, Mumps, Rubella
 - 2 Varicella shots or Titers (if you had the disease you must have titers)
 - 3 Hepatitis B shots or Titers
 - Tdap (within 10 years at time of application)
 - Seasonal Flu shot
 - 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****



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: _____ *SWC Email Address: _____
(*all program communications will be via SWC email)

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.

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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

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

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

<u>Name of Agency</u>	<u>Contact Person</u>	<u>Email</u>	<u>Phone Number</u>

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COMPLETE FOR STATISTICAL PURPOSES ONLY

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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"/> Unknown <input type="checkbox"/> Other: _____
Education: Highest Degree Completed: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of my knowledge, the above information is truthful and accurate. I understand that falsification of any information within 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: _____

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