



SOUTHWESTERN COLLEGE ASSOCIATE DEGREE NURSING (A.D.N.-RN)

APPLICATION CHECKLIST - IN ORDER TO APPLY ALL THE FOLLOWING DOCUMENTS MUST BE SUBMITTED.

Make copies of entire application for your records, including physical exam/immunization forms, prior to applying.

Please initial each item below (indicating you have read and completed each). This Checklist must accompany application. Submit complete application packet in person or U.S. Mail ONLY to: Southwestern College, Nursing Programs, 8100 Gigantic Street, Room 4502, San Diego, CA 92154

1. ____ **ORIGINAL** ADN/RN Program application. Print neatly print in blue or black ink. Typewritten preferred.
2. ____ **SOUTHWESTERN COLLEGE STUDENT ID Number** – apply at online at www.swccd.edu main webpage, click on APPLY AND REGISTER.
3. ____ **COPY** of unofficial college transcripts, including SWC transcripts
4. ____ **OFFICIAL** college transcripts, mailed directly from previous college and sent to: SWC Admissions & Records, 900 Otay Lakes Rd., Chula Vista, CA 91910. If you attended SWC, your official transcripts will be on file in the SWC Admissions & Records Office.
5. ____ **COPY** of high school diploma. If you do not have a copy of your diploma you may submit high school transcripts; if you do not have a high school diploma then a *G.E.D. equivalency is required before applying*. Note: a copy of a U.S. college degree or transcripts may be submitted in lieu of high school diploma. **(All foreign degrees/diplomas must be evaluated by an agency prior to applying).**
6. ____ **COPY** of Social Security Card (card must be signed)
7. ____ **COPY** of Driver's License/State ID
8. ____ **COPY** of CPR certification – Basic Life Support Provider/Healthcare Provider from the American Heart Association (card must be signed). This is the **ONLY** acceptable CPR card.
9. ____ **COPY** of unofficial ATI TEAS transcripts (showing all TEAS test results)
10. ____ **COPY** of TEAS remediation proof, if applicable
11. ____ **COPY** of CNA or LVN license (strongly recommended; please refer to the Multi-Criteria Points Formula)
12. ____ **COPY** of Student Education Plan (SEP). SEP must be program specific and preferably dated within 6 months at time of application.
13. ____ **COPY** of processed Prerequisite Evaluation Request for Program Enrollment Form, if applicable. This form must be completed only if **prerequisites and other general requirements for nursing were not taken at SWC**. If you have taken AP courses in high school and passed the AP Exam with a score of 3 or higher, you may use AP Exam scores to clear program prerequisites. To clear prerequisites, submit form via the Prerequisite Office located at the Cesar Chavez One Stop Building on the main campus in Chula Vista.
14. ____ **COPY** of physical exam/immunization forms. Forms can be downloaded from nursing website at www.swccd.edu/nursing



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15. ____ **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
 - 2-Step Intradermal TB Mantoux Test OR Titers (Quantiferon TB) OR if TB positive, a chest x-ray within 5 years
16. ____ **IF APPLICABLE**, verification or written statement(s) of the following (refer to Multi-Criteria Points Formula):
- | | | | |
|---------------------|---|--------------------|-----------------------------------|
| * Disability | * Financial Aid | * First generation | * Employment during prerequisites |
| * Disadvantage | * Recent difficult circumstances | * Refugee | * Veteran or active duty |
| * Spouse of veteran | * Language – fluent language other than English | | |
17. ____ **MAKE COPIES** of all documents before you submit them to the Nursing Programs Office.
THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.



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SWC ID # _____
(Required at time of application)

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

Previous/Maiden Name: _____ Social Security Number: _____ 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 the Board of Registered Nursing)

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

Phone: _____ Alternate Phone: _____ SWC Email Address: _____

(All program communications will be via SWC email)

Minimum Science prerequisites – 2.5 G.P.A. is required to apply. Applications with less than 2.5 G.P.A. will not be reviewed.

Recency: Physiology & Microbiology within the past 7 years; Anatomy within the past 10 years. Only ONE repeat of ONE science course is allowed to apply.

If science classes “expired,” then course(s) must be repeated and the new grade(s) will be used when applying to the program.

| SCIENCE PREREQUISITES GE REQUIRED COURSES | Course Number | No. of Units | Lab Course | Year Completed | Name of College | Letter Grade Received |
|---|------------------|--------------|---------------|-------------------|-----------------|--------------------------|
| Bio 260 Anatomy OR Anatomy & Physiology I | lecture | lecture | Yes/No | | | |
| | lab | lab | | | | |
| Bio 261 Physiology OR Anatomy & Physiology II | lecture | lecture | Yes/No | | | |
| | lab | lab | | | | |
| Bio 265 Microbiology | lecture | lecture | Yes/No | | | |
| | lab | lab | | | | |
| A.D.N. 140 Reading & Comp or Engl 115 College Comp | | | Yes/No | | | |
| Math 60 Intermediate Algebra I | | | Yes/No | | | |
| Comm 103 Oral Comm or Comm 174 Interpersonal Comm | | | Yes/No | | | |
| Psyc 101 General Psychology | | | Yes/No | | | |
| CD 170 Child Dev or Psyc 230 Dev Psychology | | | Yes/No | | | |
| C.N.A. Certified Nursing Assist <i>(Strongly recommended)</i> | | | | | | |



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Are you currently enrolled or have you ever been enrolled in another nursing program? Yes ☐ No ☐

If yes, provide name of the school _____ Dates Attended: _____

Have you previously applied to SWC Nursing Program? Yes ☐ No ☐

If yes, list the year(s): _____

DEGREES EARNED

| Name of College | Years Attended | Degree Awarded |
|-----------------|----------------|----------------|
| | | |
| | | |
| | | |

Vocational Nursing License? Yes ☐ No ☐ If yes, License Number _____

Do you have a Certified Nurse Assistant (CNA) license? Yes ☐ No ☐ Where did you take the CNA course? _____

Do you have a documented disability? Yes ☐ No ☐ **Submit documentation on official letterhead describing the disability or copy of DSS evaluation.**

Documented eligibility for Financial Aid, Cal works, BOGW, Federal Pell Grant. Yes ☐ No ☐ **Submit proof of eligibility (i.e. award letter).**

Are you the first generation of your family to attend college? Yes ☐ No ☐ **Write a brief statement. Submit with application**

Documented employment during prerequisite course work? Yes ☐ No ☐ **Submit letter from employer on company letterhead verifying dates employed or 1st and last pay stub.**

Disadvantage socially or educationally? Yes ☐ No ☐ **Write a brief statement. Submit with application.**

Are there any recent difficult family or personal circumstances? Yes ☐ No ☐ **Write a brief statement. Submit with application.**

Documented Refugee? Yes ☐ No ☐ Documented Veteran? Yes ☐ No ☐ Spouse of Veteran? Yes ☐ No ☐ **Please submit proof**

Documented proficiency or advanced level of coursework (2nd level or higher) in languages other than English, including American Sign? Yes ☐ No ☐

List the language course(s) you have taken: _____ **Unofficial transcripts required.** School Name: _____

Check the language(s) in which you are fluent: American Sign ☐ Spanish ☐ Tagalog ☐ Arabic ☐ Chinese ☐ Farsi ☐ Russian ☐

Various languages of Indian Subcontinent and Southeast Asia ☐ Other: _____

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

Test of Essential Academic Skills (TEAS) Version 6 Score: ____ Passing score is 62. Second attempt of TEAS accepted ONLY if first attempt was not passed, and must be taken at least six months after first exam. Proof of remediation must be completed before retesting, and must be submitted with application. **Attach ATI TEAS Transcripts showing all test scores.**

Approved courses are listed on our website.



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COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Black/African-American ☐ American Indian or Alaska Native ☐ Asian or Asian Indian ☐ Filipino ☐ Native Hawaiian or Other Non-Filipino Pacific Islander ☐ White/Caucasian ☐ Hispanic/Latino ☐ Mixed race ☐ Other race ☐ Unknown race and ethnicity

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:**

U.S. Citizen? Yes ☐ No ☐

Age at date of enrollment: ☐ 17-20 ☐ 21-25 ☐ 26-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61 years and older

All requirements and documentation must be completed in full and submitted to the Nursing Office to be considered for admission.

All accepted students will be notified via email.

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. In addition, if you are accepted into another Nursing Program, please inform Southwestern College Nursing Office as soon as possible via our Nursing email at nursing@swccd.edu

Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing via 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**

Initials: _____