SOUTHWESTERN COLLEGE
CERTIFIED NURSING PROGRAM

Applicants Full Name: _____

APPLICATION CHECKLIST

Make copies of entire application for your records, including physical exam/immunization forms, prior to applying.
In order to apply all documentation listed below must be submitted. This Checklist must accompany application.

Submit complete application packet in person or U.S. Mail ONLY to:
Southwestern College Higher Education Center, Nursing & Health Occupation Programs, 8100 Gigantic Street, Room 4502, San Diego, CA 92154.

Please initial each item below (indicating you have read, completed, and submitted each with application packet).

1. _____ **ORIGINAL** Certified Nursing Program application. Print neatly print in blue or black ink. Typewritten preferred.

2. _____ **ORIGINAL** Criminal Screening Form. If you have been CONVICTED, at any time, of a crime other than a minor traffic violation, please contact California Department of Public Health (CDPH) by phone at (916) 327-2445 or email: cna@cdph.ca.gov to clarify your status. The response time from CDPH varies on a case by case basis. The review may take several months.

3. _____ **SOUTHWESTERN COLLEGE STUDENT ID Number** – apply online at www.swccd.edu main webpage, click on APPLY AND REGISTER.

4. _____ **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 degree/diploma transcripts must be evaluated by a NACES agency prior to applying).** *Higher degree accepted is bachelor degree or Higher as proof of high school equivalency. Associate degree cannot be used as proof of high school equivalency).

5. _____ **COPY** of Social Security Card (card must be signed)

6. _____ **COPY** of Driver's License/State ID

7. _____ **COPY** of CPR certification – Basic Life Support Provider/ Healthcare Provider from the American Heart Association (Hardcard must be signed, E-card does not). This is the ONLY acceptable CPR card.

8. _____ **COPY** of physical exam/immunization forms. Forms can be downloaded from nursing website at www.swccd.edu/nursing. The dates documented on the forms MUST match your immunization records and/or titers (lab work results). Review the information filled out by your healthcare provider for accuracy and completeness (i.e. dates, signatures, and stamps).

9. ____ **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 PPD (TB skin test) <u>or</u> a QUANTIFERON TB (blood test). *If TB positive, submit a chest x-ray within 5 years AND proof of positive PPD history.*

10. ____ **MAKE COPIES** of all documents before you submit them to the Nursing & Health Occupation Programs Office.
THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.

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PROGRAM INFORMATION

This course is designed for students interested in a career in Nursing. Completion of the course is valued high on the point system for entrance into the Associate Degree Nursing Program, and it is required for the Vocational Nursing Program. Completion of this course confers eligibility to take the State Certification exam for CNA. CNA's 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.

It is a program requirement that the student be able to communicate effectively in the English language (comprehension, verbal, and writing skills). This is based on requirements from clinical facilities as English is the working language in San Diego healthcare facilities.

The total cost of the program is approximately $750-$850. The greatest direct expense is at the beginning of the first semester. Costs include enrollment fees, textbooks, malpractice insurance, ADB/Complio fees, uniforms, parking, and exam fees. Students will be required to complete a background check and drug screening prior starting the program. Students are required to wear maroon colored scrubs with white shoes.

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 (alternates are admitted if and when initially accepted students are not able to participate). All accepted students and alternates must attend the 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.

COMPLETE APPLICATIONS are accepted in person or via US Mail ONLY, and sent to: SWC Higher Education Center at Otay Mesa, Nursing & Health Occupation Programs, 8100 Gigantic Street San Diego, CA, 92154, Office 4502. Applications will only be accepted during the times specified on the application period. Do not drop off your applications before the 9:00 a.m. start time as your application will not be accepted. Once application packet is submitted, it becomes our sole property. Please make copies of your records prior to applying. All students will be notified via email regarding program admission after the application period closes.

SUBMITTING AN APPLICATION DOES _NOT_ GUARANTEE ENTRY INTO THE PROGRAM

STATE CERTIFICATION:
After successful completion of the nursing assistant training program you will be eligible to apply for the California State Department of Health Services certification exam. The exam is administered on campus. The current exam fee is $100 (subject to change).

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APPLICATION

SWC ID # _____
(Required at time of application)

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

Previous/Maiden Name: _____   Social Security Number: _____   Birth Date: _____
(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)*

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female ☐ **Age:** _____	
Ethnicity: ☐ African-American ☐ American Indian/ Alaskan Native ☐ Filipino ☐ Asian ☐ Non-Filipino Asian or Pacific Islander ☐ Pacific Islander ☐ White/ Non-Hispanic ☐ Hispanic ☐ Unknown/Non- respondent ☐ Other/ non-white	

==**All students will be notified via email regarding program admission <u>after</u> the application period closes.**==

<u>Disclosure: All prospective enrollees will be screened for previously revoked or denied certification.</u>

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 & Health Occupation Programs Office 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: _____

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. Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?
☐ Yes ☐ No

3. Have you ever been previously cleared of prior convictions by the California Department of Public Health?
☐ Yes ☐ No

4. Have you ever been revoked or denied certification for nursing assistant?
☐ Yes ☐ No
If yes, what state? _____

5. 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 California Department of Public Health (CDPH), Licensing and Certification Program, prior to enrolling in the nursing assistant course. Contact CDPH by phone at (916) 327-2445 or email: cna@cdph.ca.gov to clarify your status.

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 _____