



SOUTHWESTERN COLLEGE

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VN PROGRAM APPLICATION

PLEASE TYPE AND PRINT OUT FORM

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 Board of Registered Nursing)

(Required at time of application)

Address: City: State: Zip Code:

Phone: Alternate Phone: Email Address:

Emergency Contact Name: Emergency Contact Number:

High School Name: City: State:

(A copy of HS diploma, transcripts, GED)

***MANDATORY Prerequisite courses need to be completed to apply**

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
* Anatomy or Anat & Physio I			Yes/No			Letter Grade
*Physiology or Anat & Physio II			Yes/No			
* Principles of Nutrition			Yes/No			
*CNA or equivalent			Yes/No			
*Principles of Child Development			Yes/No			
*Elementary Algebra			Yes/No			

PLEASE NOTE: If science prerequisites and other general education requirements were not completed at SWC, it is the student's responsibility to complete and provide proof of Pre-requisite Evaluation Request for Program Enrollment form via Pre-Requisite Office, please attach form with this application. Minimum G.P.A. of 2.5 is required to apply.

Southwestern College Nursing & Health Occupation Programs
8100 Gigantic Street San Diego, CA 92154

Office (619) 482-6352 • Fax (619) 216-6603 • email: nursing@swccd.edu • Nursing website: <http://www.swccd.edu/index.aspx?page=101>

Rev: 4/4/14 SR



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Submit UNOFFICIAL transcripts of ALL college coursework and unofficial TEAS results *with this* application IN PERSON to 8100 Gigantic Street, Rm. 4401 San Diego, CA 92154. Your application is incomplete until ALL documents are submitted. OFFICIAL transcripts MUST be sent directly to SWC 900 Otay Lakes Road Chula Vista, CA 91910 prior to applying.

DEGREES EARNED

Name of College	Years Attended	Degree Awarded

Have you previously applied to this VN Program? Yes ☐ No ☐ If yes, When? _____ Under what name? _____
Are you taking any medications? Yes ☐ No ☐ If yes, what are you taking? _____
Are you fluent in any language(s) other than English? Yes ☐ No ☐ If yes, please list: _____

PREVIOUS NURSING BACKGROUND:

Have you had any formal nursing education? Yes ☐ No ☐ *If answer no, go to question # 4.*

If answer is yes, indicate the type of program:

- a. Associate Degree _____ Baccalaureate _____ d. Orderly _____
b. LVN/LPN _____ e. Corp School _____
c. Nurse Assistant _____ f. Other, specify: _____

Name of School _____ City and State _____

Enrolled from _____ to _____ Date Graduated: _____

Month/Year Month/Year

2. Are you a Certified Nurse Assistant in the state of California? Yes ☐ No ☐
3. Are you a Certified Home Health Aide in California? Yes ☐ No ☐
4. Have you had any formal education in other health care occupations? Yes ☐ No ☐

Testing results of Test of Essential Academic Skills (TEAS) Score: _____ Version 5 Please *attach copy of results*. **Passing score is 55**

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COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female

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

Additional Languages? Yes ☐ No ☐ _____

For DSS students only:

Did the school where you took TEAS provide an accommodation for documented disability? Yes ☐ No ☐

U.S. Citizen? Yes ☐ No ☐

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

Age at date of enrollment: ☐ Under 19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ Over 50

Age at date of enrolment (Categorize): _____

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 truthful and accurate. Failure to disclose accurate information or if you are accepted into another Nursing Program will result in your application being removed from consideration by Southwestern College Nursing 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. Once your application is submitted to our office, it becomes the sole property of the Nursing Department. If not accepted into the program, your application will be discarded. **Please initial** _____ (indicating that you have read this statement).

Applicant Signature: _____ Date: _____

For Official Use Only: Application Packet Complete ☐

Date application received: _____ Initials: _____



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Student Application Checklist

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

☐ Application

☐ Unofficial Transcripts attached to application (including SWC) (**OFFICIAL** transcripts must be submitted to Admissions & Records: 900 Otay Lakes Road Chula Vista, CA 91910)

☐ Copy of:

- Social Security Card
- Driver's License/State ID
- CPR certification – Healthcare Provider from the American Heart Association
- TEAS Test results (unofficial copies will suffice)
- CNA certification
- High School Diploma/GED or high school transcripts
- Student Educational Plan (within the last 6 months and must be program specific)
- Immunization card/record or titers (lab work)
- Pre-requisite Evaluation Request for Program Enrollment Form via Pre-requisite Office to clear external pre-requisites (if applicable)

☐ 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 chest x-ray within 5 years

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

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