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 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. ____ SOUTHWESTERN COLLEGE EMAIL ADDRESS – All program communications will be via SWC email. We will not email to personal accounts. Access SWC email through “mySwc” (Sample email: yz0123456@swccd.edu). For assistance contact SWC Admissions and Records.
5. ____ 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 diploma/degree transcripts must be evaluated by a credentialing evaluations service prior to applying. Applicants may use Southwestern College approved services listed at www.naces.org). *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.
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 (Hardcard must be signed, E-card does not). This is the ONLY acceptable CPR card.

Applicants Full Name: ______________________________
9. ____ 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).

10. ____ 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 (two negative TB skin tests) OR one blood test for TB infection. If TB test is positive, a chest x-ray is required. Proof of positive TB is required for Chest X-ray to be valid. Chest x-ray results must be dated within five years.

11. ____ 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.
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).
APPLICATION

SWC ID # ____________________________
(Required at time of application)

Last Name: __________________________
First Name: _________________________
Middle: _____________________________

Previous/Maiden Name: __________________________
Social Security Number: __________________________
Birth Date: _____________________________

Address: _____________________________
City: _____________________________
State: _____________________________
Zip Code: _____________________________

Phone: _____________________________
Alternate Phone: _____________________________

*SWC Email Address: _____________________________
("All program communications will be via SWC email. Sample email: yz0123456@swccd.edu")

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 requirements and documentation must be completed in full and submitted to the Nursing Office to be considered for admission. All students will be notified via SWC email regarding program admission after the application period closes and all applications have been reviewed.

Disclosure: All prospective enrollees will be screened for previously revoked or denied certification.

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 or phone number, you must contact the Nursing Programs Office by calling (619) 482-6352. Your admission status will be compromised if we are unable to reach you by your SWC email address. 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: _____________________________

Southwestern College Nursing & Health Occupation Programs • 8100 Gigantic Street, Room 4502, San Diego, CA 92154
Office (619) 482-6352•Fax (619) 216-6603 • Nursing website: http://www.swccd.edu/nursing
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______________