![SWC Southwestern College logo]

OPERATING ROOM NURSE (ORN)
PROGRAM CHECKLIST

Applicants Full Name: _____

Operating Room Nurse Program application packets will be submitted online for Fall 2021 and future classes.
The link to apply online will be available during the **application filing period.** The dates to apply are listed on the nursing website (www.swccd.edu/nursing). Use this checklist as a guide to help you prepare and gather all documents and materials needed to apply.

The required following documents and materials are needed to submit an online application packet, including physical exam & immunization forms.

1. ____ **ONLINE** Operating Room Nurse Program application (available only during the application filing period).

2. ____ **COPY** of RN License

3. ____ **SOUTHWESTERN COLLEGE STUDENT ID Number** – apply online on main page (www.swccd.edu), click on APPLY TO SWC. SWC ID# will be emailed to you in two days.

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 (admissions@swccd.edu)

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)
   - Name on card must match Driver's License/ State ID
   - Card cannot be laminated

7. ____ **COPY** of Driver's License/State ID

8. ____ **COPY** of CPR certification – Basic Life Support (BLS) Provider from the American Heart Association (Hard copy must be signed; E-card does not need signature). **This is the ONLY acceptable CPR card.**

9. ____ **IF APPLICABLE,** letter from Hospital Sponsor on letterhead.

10. ____ **COPY** of physical exam/immunization forms filled out.
    - **Immunizations are required for clinical placement.**
    - 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. make sure form has the required dates, signatures and stamps).

11. ____ **COPY** of immunization records and/or titers (lab work):
    - 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 (*Influenza Vaccination Consent Form* must be completed at the time you receive 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 (regardless of year) is required for Chest X-ray to be valid.
        - **Chest x-ray results must be dated within five years**.

12. ____ **MAKE COPIES** of your entire application packet for your records, including physical exam/immunization forms, before submitting it to the Nursing Office. **THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.**

13. ____ **Submit complete application packet online.**

PROGRAM INFORMATION

The Operating Room Nursing Program is designed to teach Registered Nurses (RN's) to function in the operating room. A class of 10 students is accepted each fall. Qualified applicants are accepted in the order in which they apply. Upon completion of the requirements, the student will receive a Certificate of Proficiency from Southwestern College and a certificate of completion for Periop 101 from AORN. This certificate program was developed in cooperation with the Hospital Council of San Diego and Imperial Counties and is based on AORN Standards.

MINIMUM QUALIFICATIONS - All applicants must hold a current **California RN license**.

It is recommended the student have recent RN experience (acute care experience within the past five years). It is also recommended that prospective students have a hospital sponsor for their clinical rotation. All applicants will be required to attend a mandatory orientation and may have to interview with the program coordinator prior to acceptance to the program.

APPLICATION PROCESS
Application packets must contain ALL requested documentation and minimum qualifications**.** Submit your complete application packet online.

Once admitted to the program, you will be required to complete a background check, drug screening and upload immunization records to Complio (online immunization tracking system created once you are accepted into the program. Student is responsible for the cost which is approximately $100. In addition, admitted students must pay $10 Malpractice Insurance fee to SWC.

APPROXIMATE COST
The total estimated cost of the Operating Room Nursing Program is $1800. The expenses include textbooks, enrollment and lab fees. Membership in the AORN (Association of Operating Room Nurses) is required as is attendance of an AORN meeting the fourth Thursday of each month.

COURSE OF STUDY
Currently, the first five weeks of the program are scheduled as follows:

Monday:	Lecture	7:30 am – 12:00pm	Lab	12:00 pm – 3:00 pm
Tuesday:	Lecture	1:00 pm – 4:00 pm	Lab	7:30 am – 12:00 pm
Wednesday:	Lab	7:30 am – 12:00 pm		

After the first five weeks of the program, classes will be:
Monday: Lecture   7:30 am-4:00 pm

Clinical hours: Tuesday – Friday (TBA)
16 clinical hours per week in a hospital Operating Room setting for a total of 180 hours.P

CURRICULUM
ORN 209 Basic Perioperative Nursing   9 units
The Operating Room Nursing course is for the Registered Nurse seeking employment in the operating room. The course is based on the guidelines from the Association of Operating Room Nurses and

includes: aseptic technique, staff and patient safety, surgical management, consent, surgical high risk factors, sentinel events, and professional issues.

ORN 211L Operating Room Nurses Training Laboratory   4 units

Companion to ORN 209 with emphasis on setting priorities, care of the perioperative patient, and adapting to emerging technology in the surgical setting. Provides information about the ORN functioning independently in the perioperative setting. Enhances skill and knowledge base that is required in the surgical setting.

A minimum grade of "C" is required in each course for progression and satisfactory completion of the program.

ORN APPLICATION

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:** _____ **SWC Email Address:** _____

(All program communications will be via SWC email. Sample email: yz0123456@swccd.edu)

Emergency Contact Name: _____ **Emergency Contact Number:** _____

RN License #: _____ **Expiration Date:** _____ (must be current)

Have you previously applied to this Program? ☐ **Yes** ☐ **No** If yes, what year(s) did you apply? _____

HOSPITAL SPONSOR? ☐ No ☐ Yes (If yes, provide information below)

Name of Agency	Contact Person	Email	Phone number

PREVIOUS WORK EXPERIENCE

Agency	Position	Start Date	End Date

Rev: 4/24/21 vp

COMPLETE FOR STATISTICAL PURPOSES ONLY

Gender: ☐ **Male** ☐ **Female**	**U.S. Citizen?** Yes ☐ No ☐

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 ☐
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

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.==

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.

<u>Important</u>: If you have a change in address or phone number you must contact the Nursing Programs Office to provide updates. **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: _____