



## SURGICAL TECHNOLOGY PROGRAM APPLICATION CHECKLIST

Applicants Full Name: \_\_\_\_\_

**Surgical Technology 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: May 4, 2021 to June 15, 2021** (for class that begins Fall 2021).

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** Surgical Technology Program application (available only during the application filing period).
2. \_\_\_\_ **SWC STUDENT ID Number** – apply online at [www.swccd.edu](http://www.swccd.edu) main webpage, click on APPLY & REGISTER. SWC ID# will be emailed to you in two days.
3. \_\_\_\_ **SWC 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](mailto:yz0123456@swccd.edu)).
  - For assistance contact SWC Admissions and Records.
4. \_\_\_\_ **COPY** of unofficial college transcripts, including SWC transcripts
5. \_\_\_\_ **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 from SWC will already be on file in SWC Admissions & Records Office.
6. \_\_\_\_ **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](http://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.
7. \_\_\_\_ **COPY** of Social Security Card - Name on the card must match Driver’s License/State ID. Card cannot be laminated. Card must be signed.
8. \_\_\_\_ **COPY** of Driver’s License/State ID
9. \_\_\_\_ **COPY** of CPR certification – Basic Life Support Provider/Healthcare Provider from the American Heart Association (Hardcopy of card must be signed; E-card does not need to be signed). **This is the ONLY acceptable CPR card.**

10. \_\_\_\_ **COPY** of Student Education Plan (SEP). SEP must be program specific and dated within one year at time of application. Schedule an appointment with an Academic Counselor to create your SEP by contacting staff using the [Cranium Café link for Higher Education Center at Otay Mesa](https://swccd.craniumcafe.com/group/higher-education-center-otay-mesa-front-desk/), National City or San Ysidro (<https://swccd.craniumcafe.com/group/higher-education-center-otay-mesa-front-desk/>) or [Counseling Department](https://swccd.craniumcafe.com/group/general-counseling-front-desk/lobby) (<https://swccd.craniumcafe.com/group/general-counseling-front-desk/lobby>). Or email [hecom@swccd.edu](mailto:hecom@swccd.edu) and provide your SWC ID#, telephone#, and best day and time to reach you. **Schedule your SEP appointment in advance. These are not same day appointments.**
11. \_\_\_\_ **IF APPLICABLE**, COPY of processed [Program Enrollment Prerequisite Evaluation form](#). **This form must be completed ONLY if program prerequisites were NOT taken at SWC.** To clear prerequisites, log in to [MySWC](#). Under Campus Apps, click ServiceNow for Students. Click on Program Enrollment Prerequisite Evaluation Request. Fill in your contact information and select the program that you are applying for. Fill in the table with all the information requested; the Prerequisites Office will not process partially completed forms. Indicate if you are attaching supporting documentation and attach the documents using the "Add Attachments" button at the bottom right of the screen. When you are done, click submit. The Prerequisites Office will email you the completed form when it is processed. Processing usually takes one business week (up to 5 business days). Use Adobe Reader to open, download and print the processed form (it will not print correctly from a web browser).
12. \_\_\_\_ **COPY** of physical exam/immunization forms filled out. Download forms from nursing website at [www.swccd.edu/nursing](http://www.swccd.edu/nursing)
- **Immunizations are required for clinical placement.**
  - The dates documented on forms MUST match your immunization records and/or titers (lab work results).
  - Review information filled out by your healthcare provider for accuracy and completeness (i.e. make sure the required dates, signatures, and stamps are on the form).
13. \_\_\_\_ **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 shot (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.**
14. \_\_\_\_ **MAKE COPIES** of your entire application packet for your records, including physical exam/immunization forms, before submitting it to the Nursing & Health Occupation Programs Office. **THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.**
15. \_\_\_\_ **Submit complete application packet online.**



## SURGICAL TECHNOLOGY PROGRAM APPLICATION

SWC ID # \_\_\_\_\_

*(Required at time of application)*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

*(If no middle name use NMN)*

**Previous/Maiden Name:** \_\_\_\_\_

*(If not applicable, indicate with N/A. Important if your records reflect a name different from above)*

**Birth City:** \_\_\_\_\_ **Birth State:** \_\_\_\_\_ **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)*

**High School or GED location:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Have you previously applied to this program? Yes**  **No**  **Are you fluent in any language(s) other than English? Yes**  **No**

**If yes, when?** \_\_\_\_\_ **If yes, list:** \_\_\_\_\_

**\*\*Important:** After submitting your application, if you have a change in address or phone number, you must contact the Program Technician in the Nursing Programs Office in writing. *If you are selected for admission, and we are unable to reach you by your SWC email address, your admission status may be compromised and your place may be forfeited.* Email changes to: [eanderson@swccd.edu](mailto:eanderson@swccd.edu) Please initial acknowledging this requirement \_\_\_\_\_.

**Prerequisites must be completed at time of application.**

PREREQUISITES COURSES	Course Number	No. of Units	Lab Course		Year Completed	Name of College	Letter Grade Received
			Yes	No			
Biol 190 Anatomy & Physiology <b>OR</b> Biol 260 Human Anatomy							
Medop 230 Medical Terminology							

**Do you have a degree (any major)?**  **Yes**  **No** If yes, list major and degree earned: \_\_\_\_\_



COMPLETE FOR STATISTICAL PURPOSES ONLY:

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age: _____
<b>Ethnicity:</b> <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino Asian or Pacific Islander <input type="checkbox"/> Caucasian
<input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Unknown <input type="checkbox"/> Other:
<b>Education - Highest Level Completed:</b> _____
<b>U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

All requirements and documentation must be completed in full and submitted to Nursing & Health Occupation 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.

Please initial \_\_\_\_\_ (indicating that you have read and agree with this statement).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_