VOCATIONAL NURSING (VN)
APPLICATION CHECKLIST

Applicants Full Name: _____

Vocational Nursing 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: April 27, 2021 to June 3, 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** Vocational Nursing Program application (available only during the application filing period).

2. ____ **SWC STUDENT ID Number** – apply online on main webpage (www.swccd.edu), 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 (www.swccd.edu). (Sample email: yz0123456@swccd.edu).
   - For assistance contact SWC Admissions and Records (admissions@swccd.edu).

4. ____ **COPY** of unofficial college transcripts, including SWC transcripts.

5. ____ **OFFICIAL** college transcripts must be 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 will be on file in the SWC Admissions & Records Office.

6. ____ **COPY** of High School diploma or transcript, GED certificate or proof of a *higher degree.
   - Proof of high school completion is a Board of Vocational Nursing & Psychiatric Technicians (BVNPT) requirement.
   - **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 as NACES members (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 – *must be provided if selected for the program. Do not send copy now.*
   - Name on 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 must be signed; E-card does not need to be signed). **This is the ONLY acceptable CPR card.**

10. ____ **COPY** of unofficial ATI TEAS transcripts (showing all TEAS test results). Log in to your ATI account to download; print unofficial transcript.

11. ____ **IF APPLICABLE, COPY** of TEAS remediation proof. For TEAS Remediation Plan, visit the nursing website (www.swccd.edu/nursing) and click TEAS Testing.

12. ____ **COPY** of active California CNA certification. (Must have obtained or renewed CNA certification within last two years).

13. ____ **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, 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). Or email 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.**

14. ____ **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).

15. ____ **COPY** of physical exam/immunization forms filled out. Download forms from nursing website (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).

16. _____ **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 (*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.**

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

18. ____ Submit complete application packet online.

SOUTHWESTERN COLLEGE

VN PROGRAM APPLICATION

SWC ID # _____
(Required at time of application)

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

Previous/Maiden Name: **U.S. Citizen?** Yes ☐ No ☐
(If not applicable, indicate with N/A. Important if your records reflect a name different from above)

Birth City: **Birth State**: **Birth Date**:
(Required by Board of Vocational Nursing & Psychiatric Technicians, BVNPT)

Address: **City**: **State:** **Zip Code**:

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

****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 Please initial acknowledging this requirement _____.

Program prerequisites must be completed prior to apply. Work in progress will not be accepted.

Program prerequisites **not** completed at SWC must be cleared by the Prerequisites Office using the Program Enrollment Prerequisite Evaluation form.

Fill out course number and units as they appear on your transcripts.

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
***BIO 260** Anatomy **OR** Anatomy & Physiology I	lecture lab	lecture lab	Yes/No			
***BIO 261** Physiology **OR** Anatomy & Physiology II	lecture lab	lecture lab	Yes/No			
ENGL 115 College Comp			----			
****MATH 60** Intermediate Algebra			----			
HLTH 204 Fundamentals of Nutrition			----			
CD 170 Child Dev			----			
Certified Nursing Assistant Certification (CNA)						

*BIO 260 & BIO 261 will be required when applying for Fall 2021 and future cohorts (curriculum change approved November 2019). BIO 190 will no longer be accepted for the VN Program. **Math 60 required effective Fall 2019 SWC Catalog and must be completed to apply.

DEGREES EARNED		
Name of College	**Years Attended** (i.e. 2015-2018)	**Degree Awarded**

Have you previously applied to SWC Vocational Nursing? Yes ☐ No ☐ If yes, list the year(s): _____

PREVIOUS NURSING BACKGROUND:

1. Have you had any formal nursing education? Yes ☐ No ☐ If yes, place a checkmark next to program and provide program details below:
   a. ADN _____ BSN _____ d. Orderly _____
   b. LVN/LPN _____ e. Corp School _____
   c. Nurse Assistant _____ f. Other (specify): _____

   Name of School: _____ City & State: _____

   Enrolled from _____ to _____ Date Graduated:
   Month/Year Month/Year
2. Have you had any formal education in other health care occupations? Yes ☐ No ☐ If yes, please list: _____

Test of Essential Academic Skills (TEAS) Version 6 Score: ____Passing score is 58. *TEAS test can be taken a second time **ONLY** if you fail the first attempt. Remediation MUST be completed within one year after the first TEAS test date and prior to retesting. To be successful, allow ample time to study for test.* Check nursing website for TEAS test information and TEAS Remediation Plan (www.swccd.edu/nursing). Attach ATI TEAS Transcripts showing all test scores.

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
Language spoken at home ☐Arabic ☐Chinese including dialects ☐English ☐Farsi ☐Russian ☐Spanish ☐Tagalog ☐Other
Age: ☐ 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 be cause for non-selection or dismissal from the program.

Applicant Signature: _____ Date: _____