APPLICATION CHECKLIST

Please initial each item below (indicating you have read, completed, and submitted each with application packet).

1. ___ ORIGINAL Acute Care CNA Program application. Print neatly in blue or black ink. Typewritten preferred.

2. ___ COPY of active California CNA Certification

3. ___ SWC STUDENT ID # – apply online at www.swccd.edu main webpage, click on APPLY TO SWC. SWC ID # will be emailed to you in two days.

4. ___ 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). 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)
   - 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. ___ 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).

10. ___ 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.

11. ___ **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.**

12. ___ 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.
SOUTHWESTERN COLLEGE
ACUTE CARE CERTIFIED NURSING ASSISTANT PROGRAM

PROGRAM INFORMATION

Nursing assistant training focuses on the role of the CNA in a skilled nursing facility. Didactic and clinical components focus primarily on skilled nursing care. The Acute Care CNA course focuses on broadening the CNA’s scope of knowledge and clinical experience to include skills required to work in an acute care setting.

The Acute Care CNA 21 class meets once per week on Wednesday’s for eight weeks (one six-hour day on campus each week). The Acute Care CNA 21L clinical meets for an 8-hour day at a local hospital on Saturdays for clinical practice. Southwestern College is currently offering this course twice each year – once in the spring and once in the fall. This is a short, but intense course. Lectures are held in room 4405 and clinical is held at local hospitals. Students are expected to attend both class and clinical. If the student is late more than twice to either class or clinical, the student will be dropped from the course. This course covers the pathophysiology, treatment and nursing care of various disorders/diseases. Therefore, it is helpful if you have already taken classes on these topics – biology, microbiology, medical terminology and anatomy.

Costs involved are for textbooks, parking, and enrollment fees. Students are required to purchase malpractice insurance; the cost is currently $10 (subject to change). The college has a blanket policy which covers the students for $1,000,000/$5,000,000 per year. The total cost of the program is estimated to be $500 (subject to change).

The program accepts 20 students and 5 alternates. All students are expected to meet on the first day of class at 10:00 a.m. Accepted students who fail to attend the first class will be dropped and will have to re-apply for the next available course. Alternates will replace students who do not begin the program.

All applications must be complete and submitted in person or by U.S. Mail to the Nursing Programs Administrative Office in Room 4502 (address is listed below at the bottom of page). Applications will only be accepted during the times specified on the application period. Applications are reviewed in the order received; based on a date and time stamp. Complete applications will be the priority for program admission. All students are notified of their status via SWC e-mail.
APPLICANT

Last Name: ___________________________ First Name: ___________________________ Middle: ___________________________

Previous/Maiden Name: ___________________________ Social Security Number: ___________________________ Birth Date: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip Code: ___________________________

Phone: ___________________________ Alternate Phone: ___________________________

*SWC Email Address: ___________________________

*CNA License Number: ___________________________ Expiration Date: ___________________________ CNA Training School: ___________________________ Location: ___________________________

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: □ Male □ Female □ Age: ______ Additional Languages? □ Yes □ No If yes, list language(s): ___________________________

Ethnicity: □ African-American □ American Indian/ Alaskan Native □ Filipina □ 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 and submitted to the Nursing Office. 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.

Important: 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: ___________________________