APPLICATION CHECKLIST

You will need all of the items on the checklist at the time you apply, including the physical exam and immunization forms. Download forms from the website at www.swccd.edu/nursing. This Checklist must accompany application. Do not staple the application (paper clips may be used instead).

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

1. ___ ORIGINAL ADN Program application. Print neatly in blue or black ink. Typewritten preferred.
2. ___ SOUTHWESTERN COLLEGE STUDENT ID Number – apply online at www.swccd.edu main webpage, click on APPLY TO SWC. SWC ID# will be emailed to you in two days.
3. ___ 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.
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 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.
   • 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 on 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 (card must be signed).
   • Name on card must match Driver’s License/State ID
   • Card cannot be laminated
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)
11. ___ IF APPLICABLE, COPY of TEAS remediation proof. See Nursing Programs website at www.swccd.edu/nursing for “TEAS Remediation Plan”
12. ___ COPY of California CNA or LVN license (strongly recommended; must have obtained or renewed CNA certification within last two years. Please refer to the Multi-Criteria Points Formula on the Nursing Programs website).
13. **COPY** of Student Education Plan (SEP). SEP must be program specific and dated within 1 year at time of application. Schedule an appointment with an Academic Counselor to create your SEP by contacting the Counseling Department (at Chula Vista campus) or Student Services (Higher Education Centers located at Otay Mesa, National City or San Ysidro). Schedule your SEP appointment in advance. These are not same day appointments.

14. **IF APPLICABLE, COPY** of processed Prerequisite Evaluation Request for Program Enrollment Form. This form must be completed only if program prerequisites and other requirements for the A.D.N. Program were not taken at SWC. To clear prerequisites, submit the Program Enrollment form to the Prerequisite Office located at the Cesar Chavez One Stop Building at the Chula Vista campus.

15. **COPY** of physical exam/immunization forms completely filled out. Download forms from nursing website at [www.swccd.edu/nursing](http://www.swccd.edu/nursing).
   - The dates documented on these 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 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. **IF APPLICABLE**, verification or written statement(s) of the following (refer to Multi-Criteria Points Formula):
   - * Proof of college degree
   - * Financial Aid
   - * First generation
   - * Employment during prerequisites
   - * Disability
   - * Recent difficult circumstances
   - * Refugee
   - * Recent difficult circumstances
   - * Language – SWC Verification of Language Proficiency Form
   - * Spouse of veteran

18. **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.

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.
PROGRAM APPLICATION

(Southwestern College Nursing & Health Occupation Programs
8100 Gigantic Street, San Diego, CA 92154 • Room 4502 • Phone: (619) 482-6352 • Website: www.swccd.edu)

SWC ID # _____________________ (Required at time of application)

Last Name: ____________________________________________ First Name: __________________________ Middle: __________________________

Previous/Maiden Name: ____________________________________________ Social Security Number: __________________________

(Required by the Board of Registered Nursing)

Birth City: __________________________ Birth State: __________________________ Birth Date: __________________________

(U.S. Citizen? Yes [ ] No [ ])

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

Address: ____________________________________________ City: __________________________ State: __________________________ Zip Code: __________________________

Phone: __________________________ Alternate Phone: __________________________ SWC Email Address: __________________________

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

Minimum Science prerequisites – 2.5 G.P.A. is required to apply. Applications with less than 2.5 G.P.A. will not be reviewed.

Recency: Physiology & Microbiology within the past 7 years; Anatomy within the past 10 years. Only ONE repeat of ONE science course is allowed to apply. If science classes “expired,” then course(s) must be retaken and the new grade(s) will be used when applying to the program.

<table>
<thead>
<tr>
<th>SCIENCE PREREQUISITES GE REQUIRED COURSES</th>
<th>Course Number</th>
<th>No. of Units</th>
<th>Lab Course</th>
<th>Year Completed</th>
<th>Name of College</th>
<th>Letter Grade Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio 260 Anatomy</td>
<td>lecture</td>
<td>lecture</td>
<td>Yes/No</td>
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<tr>
<td>OR Anatomy &amp; Physiology I</td>
<td>lab</td>
<td>lab</td>
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<tr>
<td>Bio 261 Physiology</td>
<td>lecture</td>
<td>lecture</td>
<td>Yes/No</td>
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<td></td>
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<tr>
<td>OR Anatomy &amp; Physiology II</td>
<td>lab</td>
<td>lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bio 265 Microbiology</td>
<td>lecture</td>
<td>lecture</td>
<td>Yes/No</td>
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<tr>
<td></td>
<td>lab</td>
<td>lab</td>
<td></td>
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<tr>
<td>A.D.N. 140 Reading &amp; Comp or Engl 115 College Comp</td>
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<tr>
<td>Math 60 Intermediate Algebra I</td>
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<tr>
<td>Comm 103 Oral Comm or Comm 174 Interpersonal Comm</td>
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<tr>
<td>Psyc 101 General Psychology</td>
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<tr>
<td>CD 170 Child Dev or Psyc 230 Dev Psychology</td>
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<tr>
<td>Certified Nursing Assistant (CNA) (strongly recommended)</td>
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</tbody>
</table>
Are you currently enrolled or have you ever been enrolled in another nursing program?  Yes ☐ No ☐
If yes, provide name of the school ___________________________ Dates Attended: ______________________
Have you previously applied to SWC Nursing? Yes ☐ No ☐ If yes, list the year(s): ______________________

**DEGREES EARNED**

<table>
<thead>
<tr>
<th>Name of College</th>
<th>Years Attended (i.e. 2015-2018)</th>
<th>Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Vocational Nursing License?  Yes ☐ No ☐ If yes, License Number: __________________________ Expiration date: __________________

Do you have a California Certified Nursing Assistant (CNA) Certification?  Yes ☐ No ☐ If yes, where did you complete the CNA course? __________________

Do you have a documented disability?  Yes ☐ No ☐ Submit documentation on official letterhead describing the disability or copy of DSS evaluation.

Documented eligibility for Financial Aid, Cal works, CA Promise (formerly BOGW), Federal Pell Grant. Yes ☐ No ☐ Submit proof of eligibility (i.e. award letter).

Are you the first generation of your family to attend college?  Yes ☐ No ☐ Write a brief statement. Submit with application.

Documented employment during prerequisite course work? Yes ☐ No ☐ Submit letter from employer on company letterhead verifying dates employed or 1st and last pay stub.

Disadvantage socially or educationally?  Yes ☐ No ☐ Write a brief statement. Submit with application.

Are there any recent difficult family or personal circumstances? Yes ☐ No ☐ Write a brief statement. Submit with application.

Documented Refugee?  Yes ☐ No ☐ Documented Veteran?  Yes ☐ No ☐ Spouse of Veteran?  Yes ☐ No ☐ Please submit proof.

To receive points for fluency in a language other than English, review and complete SWC Verification of Language Proficiency Form (download from nursing website). Documented proficiency or advanced level of coursework (2nd level or higher) in languages other than English, including American Sign? Yes ☐ No ☐ List the language course(s) you have taken: ___________________________ Unofficial transcripts required with application.

Check the language(s) in which you are fluent: American Sign ☐ Spanish ☐ Tagalog ☐ Arabic ☐ Chinese ☐ Farsi ☐ Russian ☐ Various languages of Indian Subcontinent and Southeast Asia ☐ Other: ___________________________

Test of Essential Academic Skills (TEAS) Version 6 Score: _____ Passing score is 62. 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:

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Black/African-American</th>
<th>American Indian or Alaska Native</th>
<th>Asian or Asian Indian</th>
<th>Filipino</th>
<th>Native Hawaiian or Other Non-Filipino Pacific Islander</th>
<th>White/Caucasian</th>
<th>Hispanic/Latino</th>
<th>Mixed race</th>
<th>Other race</th>
<th>Unknown race and ethnicity</th>
</tr>
</thead>
</table>

For DSS students only:
Did the school where you took the TEAS provide an accommodation for a documented disability? Yes ☐ No ☐ If yes, which school:

<table>
<thead>
<tr>
<th>Age at date of enrollment:</th>
<th>17-20</th>
<th>21-25</th>
<th>26-30</th>
<th>31-40</th>
<th>41-50</th>
<th>51-60</th>
<th>61 years and older</th>
</tr>
</thead>
</table>

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 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. If you are accepted into another Nursing Program, please inform Southwestern College Nursing Office as soon as possible by notifying the ADN Program Technician in writing.

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: ________________

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For Official Use Only

☐ Application Packet Complete     Initials: ________________