



ASSOCIATE DEGREE IN NURSING (A.D.N.) APPLICATION CHECKLIST

Full Name: _____

You will need ALL of the items listed below at the time you apply, including physical exam/immunization forms. Download, print and complete forms from the [nursing website](http://www.swccd.edu/nursing) (www.swccd.edu/nursing).

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. ____ **SWC STUDENT ID Number** – apply online on [main webpage](http://www.swccd.edu) (www.swccd.edu), click on APPLY TO SWC. 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](http://www.swccd.edu) (www.swccd.edu). (Sample email: yz0123456@swccd.edu).
 - For assistance contact [SWC Admissions and Records](mailto:admissions@swccd.edu) (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 Registered (BRN) 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](http://www.naces.org) (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). 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 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 one year at time of application. Schedule a virtual or telephone appointment with an Academic Counselor to create your SEP by contacting [Student Services](#) by virtual chat (www.swccd.edu/hecom) or email (hecom@swccd.edu) or the [Counseling Department](#) (counseling@swccd.edu). 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). Download the processed form and open it in Adobe Reader to have it print correctly.
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. ____ **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 | * Veteran or active duty |
| * Disadvantage | * Language – SWC Verification of Language Proficiency Form | * Spouse of veteran | |

18. ____ Include this Checklist with your application packet after you review and initial each item (pgs. 1-3). Do not staple the application (paper clips may be used).

19. ____ **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.

20. ____ Read the PDF “Important update regarding applications due to COVID-19” (revised 8/5/20) posted on ADN webpage link for details, recommendations and what to expect after mailing your application packet.

21. ____ Submit complete application packet by U.S. Mail **ONLY** to:

Southwestern College
Attention: Nursing & Health Occupation Programs
 900 Otay Lakes Road
 Chula Vista, CA. 91910



ADN PROGRAM APPLICATION

SWC ID # _____
(Required at time of application)

| | | |
|--|--------------------------------|--|
| Last Name: | First Name: | Middle: <small>(If no middle name use NMN)</small> |
| Previous/Maiden Name: <small>(If not applicable, indicate with N/A. Important if your records reflect a name different from above)</small> | Social Security Number: | U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Birth City: | Birth State: | Birth Date: |
| <small>(Required by the Board of Registered Nursing)</small> | | |
| Address: | City: | State: Zip Code: |
| Phone: | Alternate Phone: | SWC Email Address: <small><i>(All program communications will be via SWC email. Sample email: yz0123456@swccd.edu)</i></small> |

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 must be 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 only new grade(s) will be used when applying to the program.

| 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 | lecture | Yes/No | | | |
| | lab | lab | | | | |
| Bio 261 Physiology OR Anatomy & Physiology II | lecture | lecture | Yes/No | | | |
| | lab | lab | | | | |
| Bio 265 Microbiology | lecture | lecture | Yes/No | | | |
| | lab | lab | | | | |
| A.D.N. 140 Reading & Comp or Engl 115 College Comp | | | ---- | | | |
| Math 60 Intermediate Algebra I | | | ---- | | | |
| Comm 103 Oral Comm or Comm 174 Interpersonal Comm | | | ---- | | | |
| Psyc 101 General Psychology | | | ---- | | | |
| CD 170 Child Dev or Psyc 230 Dev Psychology | | | ---- | | | |
| Certified Nursing Assistant (CNA) (strongly recommended) | | | | | | |

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 | | |
|-----------------|---------------------------------|----------------|
| Name of College | Years Attended (i.e. 2015-2018) | Degree Awarded |
| | | |
| | | |
| | | |

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, CalWORKS, CA Promise (formerly BOGW), EOPS, etc. Yes No **Submit proof of current eligibility (i.e. award letter).**
 Are you the first generation of your family to attend college? Yes No **Write a brief statement (4-6 sentence paragraph). 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 (4-6 sentence paragraph). Submit with application.**
 Are there any recent difficult family or personal circumstances? Yes No **Write a brief statement (4-6 sentence paragraph). 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:

| |
|--|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity: <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian or Other Non-Filipino Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mixed race <input type="checkbox"/> Other race <input type="checkbox"/> Unknown race and ethnicity |

| |
|---|
| For DSS students only: Did the school where you took the TEAS provide an accommodation for a documented disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which school: |
|---|

| |
|---|
| Age at date of enrollment: <input type="checkbox"/> 17-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61 years and older |
|---|

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 the 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: _____