CERTIFIED NURSING ASSISTANT (CNA) PROGRAM
APPLICATION CHECKLIST

Applicants Full Name: __________________________

The dates to apply for the CNA Program are listed on page 3 under “Program Information.” CNA applications are accepted only during the specified dates. 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 (www.swccd.edu/nursing).

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

1. _____ ORIGINAL Certified Nursing Program application. Print neatly in blue or black ink. Typewritten preferred.

2. _____ ORIGINAL Criminal Screening Form. If you have been CONVICTED, at any time, of a crime other than a minor traffic violation, please contact California Department of Public Health (CDPH) by phone at (916) 327-2445 or email: cna@cdph.ca.gov to clarify your status. The response time from CDPH varies on a case by case basis. The review may take several months.

3. _____ SWC STUDENT ID # – apply online on main webpage (www.swccd.edu), 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 (www.my.swccd.edu). (Sample email: yz0123456@swccd.edu).
   - For assistance contact SWC Admissions and Records (admissions@swccd.edu).

5. _____ COPY of High School diploma or transcript or GED certificate is strongly *recommended but NOT required.
   - *High school diploma or the equivalent is required for federal financial aid and when applying for Associate Degree in Nursing (ADN) Program.
   - *If you will be applying for federal financial aid and/or for the ADN Program, then you will be required to have proof of high school completion.
   - 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).

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 Provider/ Healthcare 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). 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 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. ___ Include this Checklist with your application after you review and initial each item (pgs. 1-2). Do not staple the application (paper clips may be used).

12. ___ **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.**

13. ___ Read the PDF “Important update regarding applications due to COVID-19” (revised 7/31/20) posted on CNA webpage link for details, recommendations and what to expect after mailing your application packet

14. ___ 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
WHEN CAN I APPLY TO THE CNA PROGRAM?

<table>
<thead>
<tr>
<th>For SPRING I 2021 consideration, submit application:</th>
<th>For SPRING II 2021 consideration, submit application:</th>
<th>For SUMMER 2021 consideration, submit application:</th>
<th>For FALL 2021 consideration, submit application:</th>
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<tr>
<td>Monday, September 14 through Thursday, October 15, 2020 (class starts January 2021)</td>
<td>Monday, November 16 through Friday, January 8, 2021 (class starts March 2021)</td>
<td>Monday, February 22 through Thursday, March 25, 2021 (class starts June 2021)</td>
<td>Monday, May 10 through Thursday, June 10, 2021 (class starts August 2021)</td>
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The course is designed for students interested in a career in Nursing. The CNA program is an 8.5 unit program which consists of CNA 20 (5.5 units) and CNA 20L (3 units). Completion of the course is valued high on the point system for entrance into the Associate Degree Nursing (ADN) Program, and it is required for the Vocational Nursing (VN) Program. Completion of this course confers eligibility to take the State Certification exam for CNA. CNA’s are employed by hospitals, skilled nursing facilities and other health care agencies. The course content includes fundamental procedures to meet basic needs of patients, gathering data about the patients, communicating appropriately and other content required by State regulations for nurse assistant certification. *The CNA course is repeatable only once, and attendance to all class meeting days is mandatory.

It is a program requirement that the student be able to communicate effectively in the English language (comprehension, verbal, and writing skills). This is based on requirements from clinical facilities as English is the working language in San Diego healthcare facilities.

Enrollment is restricted to students who have applied within the designated application period through the Nursing Department and have been formally accepted. The program accepts 30-40 students plus alternates (alternates are admitted if and when initially accepted students are not able to participate). All accepted students and alternates must attend the orientation and meet on the first day of class at 8:00 a.m. Accepted students who fail to meet the first class will be dropped and will have to re-apply for the next available session. Class absences may result in the student being dropped from the program.

The total cost of the program is approximately $750-$850. The greatest direct expense is at the beginning of the first semester. Costs include enrollment fees, textbooks, malpractice insurance, ADB/Complio fees, uniforms, parking and exam fees. Students will be required to complete a background check and drug screening prior starting the program. Students are required to wear maroon colored scrubs with white shoes.

**COMPLETE APPLICATIONS are accepted via U.S. Mail ONLY due to COVID-19. Please see the checklist for complete mailing address. Applications will only be accepted during the times specified on the application period. All students will be notified via email regarding program admission after the application period closes and after all applications have been reviewed. SUBMITTING AN APPLICATION DOES NOT GUARANTEE ENTRY INTO THE PROGRAM**

**STATE CERTIFICATION:**
After successful completion of the nursing assistant training program you will be eligible to apply for the California State Department of Health Services certification exam. The exam is administered on campus. The current exam fee is $100 (subject to change).
CERTIFIED NURSING ASSISTANT PROGRAM
APPLICATION

Last Name: ____________________________ First Name: ____________________________ Middle: ______________

Previous/Maiden Name: ____________________________ Social Security Number: ____________________________ Birth Date: ________
(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)

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: □ Male □ Female □ Age: ______________

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

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.

Disclosure: All prospective enrollees will be screened for previously revoked or denied certification.

To the best of my knowledge, the above information is truthful and accurate. I understand that falsification of any information within this application may be cause for non-selection or dismissal from the 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: ____________________________________________________________________________
CERTIFIED NURSING ASSISTANT PROGRAM
CRIMINAL SCREENING FORM

Last Name: ___________________________ First Name: ___________________________ Middle: ___________________________

Social Security Number: _______________________ Birth Date: _______________________ SWC ID #: _______________________

1. Have you been convicted, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).
   □ Yes □ No

2. Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?
   □ Yes □ No

3. Have you ever been previously cleared of prior convictions by the California Department of Public Health?
   □ Yes □ No

4. Have you ever been revoked or denied certification for nursing assistant?
   □ Yes □ No
   If yes, what state? __________

5. Have you ever been enrolled and/or completed a nursing assistant course?
   □ Yes □ No
   If yes, what state? __________

If you have answered “yes” to question #1, you have the option to clarify your status with the California Department of Public Health (CDPH), Licensing and Certification Program, prior to enrolling in the nursing assistant course. Contact CDPH by phone at (916) 327-2445 or email: cna@cdph.ca.gov to clarify your status.

Expunged records or cases related to 1203.4 and or 1203.4a are required to disclose information.

I hereby certify that all statements made on this form are true and complete. Any false statements are subject to application review and possible denial into the CNA course, per the Nursing and Health Occupations Department.

Applicant’s Signature ___________________________ Date ____________