HOME HEALTH AIDE PROGRAM

CHECKLIST & APPLICATION

Applicants Full Name: _____

The following documents are needed to apply for the Home Health Aide (HHA) Program, including SWC physical exam/immunization forms:

1. ____ **ORIGINAL** Home Health Aide application (page 4).

2. ____ **COPY** of active California CNA Certification

3. ____ **SWC STUDENT ID #** – apply online at www.swccd.edu main webpage, click on APPLY & REGISTER. SWC ID # will be emailed to you in two days.
   - For assistance with your SWC application and ID# contact SWC Outreach (www.swccd.edu/outreach)

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).
   - If your SWC email account is deactivated, you will need to repeat step two and reapply to the college. Your SWC ID# will remain the same.
   - Visit the SWC Student Email webpage (https://www.swccd.edu/administration/institutional-technology/applications-and-software/swc-student-email/) for additional information.

5. ____ **COPY** of Social Security Card (card must be signed). The name on card must match Driver's License/State ID. Card cannot be laminated.

6. ____ **COPY** of Driver's License/State ID

7. ____ **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.**

8. ____ **COPY** of SWC NURSING AND HEALTH OCCUPATIONAL PROGRAMS physical exam/immunization forms filled out. Download, print and complete physical exam/immunization forms from the **Home Health Aide webpage** of the SWC Nursing website (www.swccd.edu/nursing).
   - **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 the form has the required dates, signatures, and stamps).

9. ____ **COPY** of immunization records and/or titers (lab work):
   - ** Proof of annual Co-Vid-19 vaccine**
   - 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.**

10. ____ **COPY** of this checklist must accompany your application after you review and initial each item. Do not staple the application. Do not use paperclips/binder clips.

11. ____ **MAKE COPIES your entire application packet** for your records, including physical exam/immunization forms, before submitting them 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.

If you are submitting in person, bring application packet to Nursing & Health Occupation Programs during office hours (listed below):
Fall/Spring Hours: Monday – Thursday 8:00am - 5:00pm; Friday 8:00am - 4:00pm. Saturday - Sunday Closed.
Summer Hours: Monday - Thursday 7:30am - 6:00pm. Friday - Sunday Closed.

If you submit it by mail, the application packet must be postmarked by the deadline to be considered.

**Major Healthcare Systems in San Diego County require students and faculty to be fully vaccinated for Covid-19. Students and faculty must have the most recent Covid-19 vaccine recommended by the Centers for Disease Control and Prevention (CDC). Applicants to any Nursing and Health Occupations Program (ADN, VN-Step-up, VN, CNA, Acute Care CNA, Surgical Technology, Central Service Technician, and Operating Room Nurse) will be required to submit proof of vaccine status at time of application (Rev. 12-09-25). **

HOME HEALTH AIDE PROGRAM

PROGRAM INFORMATION

This course is approved by the California Department of Public Health for CNA C*ontinuing Education (CE) credits*.

HHA Program requirements, class schedule and related information are summarized below:

- CNA certification required
- Two-week course (40 hours total):
    - Mon. (5 hrs.), Tues. (5 hrs.), & Wed. (10 hrs.)
    - Class dates: August 10, 11, 17, 18
    - Clinical dates: August 12, 19
- 15 students per class
- Approved by CDPH for CNA C*ontinuing Education Units* (CEUs)
    - Up to 26 CEUs granted for CNA renewal
- HHA is a "non-credit" class (no credits earned; no enrollment fees paid).
    - NC-443-301 (students will be enrolled in this course)

The estimated total cost of the program is $200 (subject to change). Costs include textbooks, uniforms, parking, DISA/Complio (background/drug screening) and malpractice insurance. Students are required to purchase malpractice insurance; the cost is currently $13 (subject to change). The college has a blanket policy which covers the students for $1,000,000/$5,000,000 per year.

The program accepts up to 30 students and five (5) alternates per class. All the students are expected to meet on the first day of class. 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.

Applications will *only* be accepted during the specified application filing period. Complete applications will be the priority for program admission. All students are notified of their status via SWC e-mail.

HOME HEALTH AIDE APPLICATION

SWC ID # _____
(Required at time of application)

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

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)

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 ☐ 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 and submitted to the Nursing & Health Occupation Programs Office. **All students will be notified via SWC email regarding program admission after the application period closes and all applications have been reviewed**.

Important: If you have a change in address or phone number, you must contact the Program Technician in the Nursing 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 the program. Once your application is submitted to our office, it becomes the sole property of the Nursing Department, and we will not release or make copies of any documents. Email changes to: nursing@swccd.edu

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 continuing in said program.

Applicant Signature: _____ Date: _____