APPLICATION CHECKLIST

You will need ALL of the following items at the time you apply. Download the physical exam/immunization forms from the nursing website at www.swccd.edu/nursing This Checklist must accompany your application.

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

1. ____ ORIGINAL Operating Room Nurse Program application. Print neatly in blue or black ink. Typewritten preferred.

2. ____ COPY of RN License

3. ____ 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.

4. ____ 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.

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 Provider/ Healthcare Provider from the American Heart Association (Hardcard must be signed, E-card does not). This is the ONLY acceptable CPR card.

9. ___ IF APPLICABLE, letter from Hospital Sponsor on letterhead.

10. ___ COPY of physical exam/immunization forms completely filled out.
    • 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).

11. ___ 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
    • 2-Step PPD (two negative TB skin tests) OR one blood test for TB infection.
      o If TB test is positive, a chest x-ray is required.
      o Proof of positive TB (regardless of year) is required for Chest X-ray to be valid.
      o Chest x-ray results must be dated within five years.

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.

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 INFORMATION

The Operating Room Nursing Program is designed to teach Registered Nurses (RN’s) to function in the operating room. A class of 10 students is accepted each fall. Qualified applicants are accepted in the order in which they apply. Upon completion of the requirements, the student will receive a Certificate of Proficiency from Southwestern College. This certificate program was developed in cooperation with the Hospital Council of San Diego and Imperial Counties and is based on AORN Standards.

MINIMUM QUALIFICATIONS  - All applicants must hold a current California RN license. It is recommended the student have recent RN experience (acute care experience within the past 5 years). It is also recommended that prospective students have a hospital sponsor for their clinical rotation. All applicants will be required to attend a mandatory orientation and may have to interview with the program coordinator prior to acceptance to the program.

APPLICATION
Application packets must contain ALL requested documentation and minimum qualifications. Application are accepted in person and US Mail only (no exceptions). Submit your complete application packet to the Nursing Office located at 8100 Gigantic Street, San Diego, CA 92154; Room 4502. It is the student’s responsibility to notify the department of change in address or phone number. Be sure to obtain a SWC email address, if you do not have one. Admission status will be compromised if the Nursing Department is unable to reach student via SWC email address.

Once admitted to the program, you will be required to complete a background check and drug screening. Student is responsible for the cost which can range from $60-$75. In addition, admitted students must pay $13 Malpractice Insurance fee to SWC.

APPROXIMATE COST
The total estimated cost of the Operating Room Nursing Program is $1800. The expenses include textbooks, enrollment and lab fees. Membership in the AORN (Association of Operating Room Nurses) is required as is attendance of an AORN meeting the fourth Thursday of each month.

COURSE OF STUDY
Currently, the first five weeks of the program are scheduled as follows:

- Monday: Lecture 7:30 am – 12:00pm  Lab 12:00 pm – 3:00 pm
- Tuesday: Lecture 1:00 pm – 4:00 pm  Lab 7:30 am – 12:00 pm
- Wednesday: Lab 7:30 am – 12:00 pm

After the first five weeks of the program, classes will be:

- Monday: Lecture 7:30 am-4:00 pm

Clinical hours: Tuesday – Friday (TBA)
16 clinical hours per week in a hospital Operating Room setting for a total of 180 hours.
PROGRAM INFORMATION

CURRICULUM
ORN 209 Basic Perioperative Nursing  9 units
The Operating Room Nursing course is for the Registered Nurse seeking employment in the operating room. The course is based on the guidelines from the Association of Operating Room Nurses and includes: aseptic technique, staff and patient safety, surgical management, consent, surgical high risk factors, sentinel events, and professional issues.

ORN 211L Operating Room Nurses Training Laboratory  4 units

Companion to ORN 209 with emphasis on setting priorities, care of the perioperative patient, and adapting to emerging technology in the surgical setting. Provides information about the ORN functioning independently in the perioperative setting. Enhances skill and knowledge base that is required in the surgical setting.

A minimum grade of "C" is required in each course for progression and satisfactory completion of the program.
### APPLICATION

**PLEASE TYPE AND PRINT OUT FORM OR WRITE LEGIBLY**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle:</th>
</tr>
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</table>

If no middle name use NMN

<table>
<thead>
<tr>
<th>Previous Name/Maiden Name:</th>
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Important if your records reflect a name different from above

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>Birth Date:</th>
<th>SWC ID #:</th>
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(Required by the Board of Registered Nursing) (Required at time of application)

<table>
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<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<thead>
<tr>
<th>Phone:</th>
<th>Alternate Phone:</th>
<th>SWC Email Address:</th>
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</table>

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

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<tr>
<th>Emergency Contact Name:</th>
<th>Emergency Contact Number:</th>
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<tr>
<th>RN License #:</th>
<th>Expiration Date:</th>
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(must be current)

**Have you previously applied to this Program?** □ Yes □ No If yes, what year(s) did you apply? ______________

**HOSPITAL SPONSOR?** □ No □ Yes (If yes, provide information below)

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contact Person</th>
<th>Email</th>
<th>Phone number</th>
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**PREVIOUS WORK EXPERIENCE**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
<th>Start Date</th>
<th>End Date</th>
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</table>
**APPLICATION**

**COMPLETE FOR STATISTICAL PURPOSES ONLY:**

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
<th>U.S. Citizen?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td><strong>Ethnicity:</strong></td>
<td>African-American</td>
<td>American Indian/Alaskan Native</td>
<td>Filipino</td>
<td>Asian</td>
<td>Non-Filipino Asian or Pacific Islander</td>
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<tr>
<td><strong>Additional Languages?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Language spoken at home</td>
<td>Arabic</td>
<td>Chinese including dialects</td>
<td>English</td>
<td>Farsi</td>
<td>Russian</td>
</tr>
<tr>
<td>Age at date of enrollment:</td>
<td>Under 19</td>
<td>20-24</td>
<td>25-29</td>
<td>30-34</td>
<td>35-39</td>
</tr>
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</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 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 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 by calling (619) 482-6352. **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 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: ____________________________