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 nursing website (www.swccd.edu/nursing).

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

1. ___ ORIGINAL Step Up LVN to 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” (www.my.swccd.edu). Sample email: yz0123456@swccd.edu
   - For assistance contact SWC Admissions and Records (admissions@swccd.edu)

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.
   - Proof of high school completion is a Board of Registered Nursing (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 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). Log in to your ATI account to print unofficial transcript.

11. ____ IF APPLICABLE, COPY of TEAS remediation proof. See Nursing Programs website (www.swccd.edu/nursing) for “TEAS Remediation Plan.”

12. ____ COPY of LVN license

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 at 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).

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.

Nursing & Health Occupation Programs • 8100 Gigantic Street, San Diego, CA 92154 • Room 4502 • Phone: (619) 482-6352 • Website: www.swccd.edu/nursing
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 – use SWC Verification of Language Proficiency Form
   * Spouse of veteran

18. ____ **IF APPLICABLE, ORIGINAL** letter from employer on company letterhead indicating LVN work experience. LVN work experience preferred, not required.

19. ____ **IF APPLICABLE, COPY** of IV blood withdrawal certification.

20. ____ **COPY** of this Checklist with your application after you review and initial each item. Do not staple the application (paperclips may be used instead).

21. ____ **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.**

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

23. ____ 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
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.

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

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<th>SCIENCE PREREQUISITES</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>
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<td>CD 170 Child Dev or Psyc 230 Dev Psychology</td>
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PROGRAM APPLICATION (continued)

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>
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Vocational Nursing License?  Yes ☐  No ☐  License Number: ___________  Expiration date: ___________  IV and blood withdrawal certification?  Yes ☐  No ☐
Do you have work experience as a LVN?  Yes ☐  No ☐  If yes, how many years? ___________  Name of employer/institution: __________________________
(Provide proof of employment such as a letter from employer/institution on company letterhead).

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.

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:

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

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:

| Age at date of enrollment: | ☐ 17-20 ☐ 21-25 ☐ 26-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61 years and older |

All requirements and documentation must be completed and submitted to the Nursing Office. 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: ________________________________