



SURGICAL TECHNOLOGY PROGRAM CHECKLIST & APPLICATION

Applicants Full Name: _____

The required documents and forms on pages 1-2 must be submitted by the application deadline. Incomplete applications will not be processed. Coursework in progress will not be accepted. If you are offered a seat in the program, additional documents and forms listed on page 3 will be submitted to the Nursing & Health Occupation Programs (NHOP) Office.

1. ____ **ORIGINAL** Surgical Technology Program application. Print neatly in blue or black ink. (Fill out pages 4-6).
2. ____ **SWC STUDENT ID Number** – 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](http://www.swccd.edu/outreach) (www.swccd.edu/outreach)
3. ____ **SWC EMAIL ADDRESS** – All program communications will be via SWC email.
 - Access SWC email through [MySWC](http://my.swccd.edu) (my.swccd.edu). (Sample email: yz0123456@swccd.edu).
 - If your SWC email account is deactivated, repeat step two and reapply to the college. Note: your SWC ID# will remain the same.
 - Visit the [SWC Student Email page](https://www.swccd.edu/administration/institutional-technology/applications-and-software/swc-student-email/) (<https://www.swccd.edu/administration/institutional-technology/applications-and-software/swc-student-email/>) for additional information.
4. ____ **UNOFFICIAL TRANSCRIPTS of ALL colleges attended must be included with this application, including Southwestern College transcripts.**
 - Those admitted in the program will be required to submit official transcripts to SWC Admissions & Records.
5. ____ **COPY** of High School diploma or transcript, GED certificate or proof of *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 as [NACES members](http://www.naces.org/members) (www.naces.org/members).
 - *Higher degree accepted is bachelor's degree or higher as proof of high school equivalency. Associate's degree cannot be used as proof of high school equivalency.
6. ____ Proof of Co-Vid 19 vaccine, including most recent booster. ****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 booster 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 and most recent booster at time of application (Rev.10-10-24).**
7. ____ **COPY** of Driver's License/State ID

8. ____ **COPY** of processed [Program Enrollment Prerequisite Evaluation \(PEPE\) form](#). **This form must be completed if program prerequisites were not taken at Southwestern College.** The form will be used to clear program coursework taken outside of SWC and must show if the courses were approved or not.
 - Fill out the online form by clicking on the [Prerequisite Program Enrollment form](#) link here or on the [Prerequisites webpage](#) (<https://www.swccd.edu/student-support/placement-and-prerequisites/placement-and-prerequisite-forms/index.aspx>).
 - **NOTE:** You need to submit a new PEPE form if your current PEPE is dated before July 1, 2024 (due to new math requirements).
9. Provide documentation of the following that apply to you for additional points awarded to your application (refer to **Surgical Technology Point System Grid**):
 - * Proof of college degree
 - * Completion of Central Sterilization Program and/or Sterile Processing Certification
 - * Documented work or volunteer experience in health care or health related field
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 A COPY of your entire application packet for your records before submitting it to Nursing & Health Occupation Programs 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 (NHOP), 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 are submitting by mail, application packet must be postmarked by the deadline to be considered.

Applicants who are offered a seat in the program will be required to submit the documents and forms below.

The NHOP Office will provide you with deadlines for submitting the documents and forms on page 3. Acceptance into the program will be contingent upon NHOP Office receiving these items by the given deadlines.

- ___ **COPY** of Social Security Card (card must be signed). The name on card must match Driver's License/State ID. Card cannot be laminated.
- ___ **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.**
- ___ **COPY** of Student Education Plan (SEP). SEP must be program specific and dated within one year at time of application.
- ___ **COPY** of your resume.
- ___ **COPY** of SWC NURSING AND HEALTH OCCUPATIONAL PROGRAMS physical exam/immunization forms filled out. Download, print and complete forms from the [Surgical Technology webpage](#) of the [SWC NHOP website](#) (www.swccd.edu/nursing). **Immunizations are required for clinical placement.**
- ___ **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.**



SURGICAL TECHNOLOGY PROGRAM APPLICATION

SWC ID # _____
(Required at time of application)

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

Previous/Maiden Name: _____
(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)

High School or GED location: _____ **Graduation Year:** _____

Minimum grade point average (G.P.A.) of 2.5 for science prerequisites is required. Applications with less than 2.5 G.P.A. will not be reviewed.
Science prerequisites do not expire for Surgical Technology Program. All prerequisites/other requirements must be completed to apply. Coursework in progress will not be accepted.

Write the course information on the application as it appears on your transcripts (i.e., course number, units, etc.).

PREREQUISITES & OTHER REQUIREMENTS	Course Number	No. of Units	Lab Course		Year Completed	Name of College	Letter Grade Received
			Yes	No			
BIOL 260 Human Anatomy							
BIOL 265 Microbiology							
MEDOP 230 Medical Terminology			-	-			
*STAT-C1000 Intro to Statistics (Formerly MATH 119) (or) *PSYC/SOC 270 Stats. for Beh. Sci.			-	-			
*ENGL C-1000 Academic reading/writing (Formerly ENGL 115) OR *ENGL-C1001 Critical thinking/writing (Formerly ENGL 116)			-	-			
COMM 174 Interpersonal Comm			-	-			
*PSYC C1000 Intro to Psychology (Formerly PSYC 101)			-	-			
One Humanities GE course (from Area C)			-	-			
**One Ethnic Studies course			-	-			

*Effective Fall 2025, The California Community College system will have the same course titles and numbers for all community colleges. The program will accept either the old course or the new common course number, whichever is reflected in the transcript.

** The Ethnic Studies course must be passed with a grade of "C" or better or "Pass." For a list of courses, reference the SWC Catalog and/or see a counselor.

Have you previously applied to this program? Yes No

If yes, when? _____

Do you have a degree (any major)? Yes No

If yes, list major and degree earned: _____

Have you completed a Central Sterilization Program and/or obtained a Sterile Processing Certification? Yes No

If yes, provide proof of program completion or certification with application.

Have you had any formal education in a healthcare occupation? Yes No If yes, indicate type of program:

- RN Patient Care Technician LVN/PN EMT/Paramedic Certified Nurse Assistant
- Hospital Corpsman Other: _____

Name of School: _____ City and State: _____ Enrolled from: _____ to _____
month/year month/year

Date graduated: _____

Do you have work or volunteer experience in healthcare? Yes No

If yes, provide documentation such as a letter from organization/employer (i.e., HR department) on company letterhead to verify volunteer experience and the number of hours volunteered.

CURRENT OR PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE IN HEALTHCARE

<u>Agency</u>	<u>Position</u>	<u>From</u>	<u>To</u>

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I prefer not to answer or prefer not to disclose <input type="checkbox"/> Age: _____
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Education - Highest Level Completed: _____
Languages spoken at home: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese including dialects <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

****Important:** After submitting your application, if you have a change in address or phone number, you must contact the Program Technician in the Nursing Programs Office in writing. **If you are selected for admission, and we are unable to reach you by your SWC email address, your admission status may be compromised, and your place may be forfeited.**

Email changes to: nursing@swccd.edu Please initial acknowledging this requirement _____.

All requirements and documentation must be completed in full and submitted to the NHOP 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 not being accepted into the program and/or to continue in said program.

Applicant Signature: _____ Date: _____