APPLICANT CHECKLIST

In order to apply all items listed below must be submitted, including the physical exam and immunization forms. Download forms from the program website at www.swccd.edu/nursing. This Checklist must accompany application. Do not staple the application (paper clips may be used instead).

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

1. ____ ORIGINAL Surgical Technology 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” (Sample email: yz0123456@swccd.edu). For assistance contact SWC Admissions and Records.

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.
   • 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.

7. ____ COPY of Social Security Card (card must be signed)
   • Name on the card must match Driver’s License/State ID
   • Card cannot be laminated

8. ____ COPY of Driver’s License/State ID
APPLICATION CHECKLIST (Continued)

9. ____ COPY of CPR certification – Basic Life Support Provider/Healthcare Provider from the American Heart Association (Hardcopy of card must be signed; E-card does not need to be signed). This is the ONLY acceptable CPR card.

10. ____ COPY of Student Education Plan (SEP). SEP must be program specific and dated within one year at time of application. Schedule an appointment with an Academic Counselor to create your SEP by contacting the Counseling Department (at Chula Vista campus) or Student Services (Higher Education Centers located at Otay Mesa, National City or San Ysidro). Schedule your SEP appointment in advance. These are not same day appointments.

11. ____ IF APPLICABLE, COPY of processed Prerequisite Evaluation Request for Program Enrollment Form. This form must be completed only if program prerequisites were not taken at SWC. To clear prerequisites, submit form to the Prerequisite Office located at the Cesar Chavez One Stop Building at Chula Vista campus.

12. ____ COPY of physical exam/immunization forms completely filled out. Download forms from nursing website at www.swccd.edu/nursing
   • 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).

13. ______ 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 shot (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.
     o If TB test is positive, a chest x-ray is required.
     o Proof of positive TB is required for Chest X-ray to be valid.
     o Chest x-ray results must be dated within five years.

14. ____ MAKE COPIES of all documents before you submit them to the Nursing Programs Office. THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.

15. ____ Submit complete application packet in person or U.S. Mail ONLY to Southwestern College Higher Education Center, Otay Mesa Attention: Nursing & Health Occupation Programs, 8100 Gigantic Street, Room 4502, San Diego, CA 92154
PROGRAM INFORMATION

The Surgical Technology Program prepares the student to function in operating rooms under the direct supervision of physicians and nurses. Surgical technologists assist in scrubbing and with the surgical procedures. Most work settings are in hospital operating rooms, emergency rooms and out-patient surgical clinics. Salaries in the San Diego area range from $42,000 to $54,000 per year to start.

The Surgical Technology Program is three semesters: fall, spring, and summer. Prospective students may apply for the program after completing all the pre-requisite courses listed below.

REQUIRED PRE-REQUISITE COURSES:

- BIOL 190 Human Anatomy and Physiology 4 units
- OR
- BIOL 260 Human Anatomy 4 units
- Medop 230 Medical Terminology 3 units

The program accepts 20 students every fall semester. We do not accept applications unless they contain ALL required documentation and prerequisites (see application checklist).

If you are interested in obtaining an Associate in Science Degree for this program, schedule an appointment with Academic Counselor to review the courses needed for a degree in Surgical Technology. Students have the option of completing a certification or degree.

COST:
The cost of the surgical technology program is currently estimated to be $2,900 - $3,060. The greatest direct expense is at the beginning of the first semester. Textbooks, enrollment fees, material fees, malpractice insurance and uniforms are the major cost items.

COMPLETE APPLICATIONS ACCEPTED IN PERSON OR U.S. MAIL ONLY:
Submit applications to: SWC Higher Education Center at Otay Mesa, Nursing & Health Occupation Programs, 8100 Gigantic Street San Diego, CA 92154 Office 4502. Once application packet is submitted, it becomes the departments’ sole property. Please make copies of your records prior to applying. All interested applicants must apply during the annual application period.
SOUTHWESTERN COLLEGE
SURGICAL TECHNOLOGY PROGRAM

PROGRAM APPLICATION

Last Name: ______________________ First Name: ______________________ Middle: ______________________

SWC ID # ______________________ (Required at time of application)

Previous/Maiden Name: ______________________ Social Security Number: ______________________

(If no middle name use NMN)

U.S. Citizen? Yes □ No □

If not applicable, indicate with N/A. Important if your records reflect a name different from above

Birth City: ______________________ Birth State: ______________________ Birth Date: ______________________

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: ______________________

Have you previously applied to this program? Yes □ No □

If yes, when?

Are you fluent in any language(s) other than English? Yes □ No □

If yes, list:

Prerequisites must be completed at time of application.

G.P.A. for prerequisites and previous healthcare experience will be considered during the program admission process.

<table>
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<tr>
<th>PREREQUISITES COURSES</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></td>
<td>Yes □ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medop 230 Medical Terminology</td>
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<td></td>
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Do you have a degree (any major)? □ Yes □ No If yes, provide proof of degree with application to receive points.

Have you completed a Central Sterilization Program and/or obtained a Sterile Processing Certification? □ Yes □ No If yes, provide proof of program completion or a copy of certification with application.
Have you had any formal education in a healthcare occupation? Yes ☐ No ☐ If yes, indicate type of program:

☐ RN  ☐ Associate Degree  ☐ Orderly  ☐ LVN/PN  ☐ EMT/Paramedic  ☐ Certified Nurse Assistant  ☐ Baccalaureate  ☐ Corps School  ☐ 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 employer (i.e. HR department) on company letterhead to verify years worked and/or volunteered.

PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE IN HEALTHCARE

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COMPLETE FOR STATISTICAL PURPOSES ONLY:

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<th>☐ Age: _______</th>
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<td>☐ Middle Eastern</td>
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<td>☐ Other:</td>
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<tr>
<td>Education - Highest Level Completed:</td>
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<td>Marital Status:</td>
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<td>☐ Married</td>
<td>☐ Divorced</td>
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<tr>
<td>U.S. Citizen?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

All requirements and documentation must be completed in full and submitted to Nursing & Health Occupation 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 candidate not being accepted into our program and/or to continue in said program.

Important: If you have a change in address or phone number you must contact the Nursing & Health Occupation Programs Office and provide updates to the Program Technician. 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 for 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: ___________________________

□ Application Packet Complete

For Official Use Only

Initials: ________________

Southwestern College Nursing & Health Occupation Programs
8100 Gigantic Street, Room 4502, San Diego, CA 92154 • Room 4502 • Office (619) 482-6352 • Website: www.swccd.edu/nursing