



## CENTRAL SERVICE TECHNOLOGY (CST) PROGRAM APPLICATION CHECKLIST

Applicants Full Name: \_\_\_\_\_

The dates to apply are listed on the [nursing website](http://www.swccd.edu/nursing) (www.swccd.edu/nursing). **CST applications are accepted only during the specified dates.**

**Use this checklist as a guide to gather all required documents and forms to apply, including physical exam/immunization forms.**

Download, print and complete forms from the [nursing website](http://www.swccd.edu/nursing) (www.swccd.edu/nursing). You will upload documents and forms as attachments when applying online.

1. \_\_\_\_ **ONLINE** Central Service Technology Program application.
2. \_\_\_\_ **SWC STUDENT ID Number** – apply online on [main webpage](http://www.swccd.edu) (www.swccd.edu), click on APPLY & REGISTER. SWC ID# will be emailed to you in two days.
3. \_\_\_\_ **SWC EMAIL ADDRESS** – All program communications will be via SWC email. We will not email to personal accounts.
  - Access SWC email through [MySWC](http://www.swccd.edu) (www.swccd.edu). (Sample email: yz0123456@swccd.edu).
  - For assistance contact [SWC Admissions and Records](mailto:admissions@swccd.edu) (admissions@swccd.edu).
4. \_\_\_\_ **COPY** of High School diploma or transcript or GED certificate is strongly \*recommended but NOT required.
  - \*High school diploma or the equivalent is required for federal financial aid
  - **If you have completed High School outside of the United States, and need to provide proof of high school completion, your diploma/degree transcripts must be evaluated by a credentialing evaluations service.** Applicants may use Southwestern College approved services listed as [NACES members](http://www.naces.org) (www.naces.org).
5. \_\_\_\_ **COPY** of Social Security Card – *must be provided if selected for the program. Do not send copy now.*
  - Name on card must match Driver's License/State ID. Card cannot be laminated. Card must be signed.
6. \_\_\_\_ **COPY** of Driver's License/State ID
7. \_\_\_\_ **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.**

8. \_\_\_\_ **COPY** of physical exam/immunization forms filled out. Download forms from [nursing website](http://www.swccd.edu/nursing) (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).
9. \_\_\_\_ **COPY** of immunization records and/or titers (lab work). **REQUIRED** immunizations **OR** titers include:
- **\*\*Proof of Co-Vid 19\*\***
  - 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. \_\_\_\_ **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.
11. \_\_\_\_ Submit complete application packet online.

**\*\* As of September 30, 2021, all major Healthcare Systems in San Diego County require students and faculty to be fully vaccinated for CoVid-19. Applicants to any Nursing and Health Occupations (ADN, VN-Step-up, VN, CNA, Acute Care CNA, Surgical Technology, Central Service Technician, and Operating Room Nurse) programs will be required to submit proof of vaccine status at time of application. \*\***

## PROGRAM INFORMATION

The purpose of the Central Service Technology Program is to train entry level workers in proper decontamination and sterilization of surgical instruments and handling of medical equipment. Central Service Technicians work primarily in the Sterile Processing Department (SPD) or Central Service Department. A technician works with medical supplies, equipment and/or processing of surgical instruments. Upon satisfactory completion of the program, the student is eligible for a Certificate of Proficiency from Southwestern College and to take the International Certification Exam (IAHCSMM).

The course covers introduction to central service. Topics include microbiology, aseptic technique, disinfection, decontamination, sterilization, and wrapping/packaging of surgical instruments; review of body systems and surgical instruments; medical terminology, safety, risk management, regulations, inventory management, ethical responsibilities, and communication skills. Laboratory experience supports the introduction to the hospital Central Supply Unit and the role of the Central Supply Technician.

The salary of a Central Service Technician ranges from \$16.00 to \$25.00 per hour and varies by experience. Here is an interesting YouTube video of what a [Central Service Technology career](https://www.youtube.com/watch?app=desktop&v=p6AIK5JDYIY) consists of: (<https://www.youtube.com/watch?app=desktop&v=p6AIK5JDYIY>).

### REQUIREMENT:

The program requires that students have the ability to communicate effectively in the English language (comprehension, verbal and writing skills). This is based on requirements from the clinical facilities as English is the working language in San Diego healthcare facilities.

### CENTRAL SERVICE TECHNOLOGY PROGRAM DOES NOT HAVE PRE-REQUISITE COURSES

### PROGRAM COURSES:

The program consists of **three courses**. Each course is nine-weeks in length (for a total of 27 weeks).

- **ST 10A** is generally offered two evenings a week (Tuesdays & Thursdays) 5:45 – 9:35 p.m. and Saturdays 8:00 – 11:50 a.m. for nine-weeks
- **ST 10B & ST 10C** courses are two-hundred-hour labs (10B and 10C are EACH 200-hour clinical rotations for a total of 400 hours). All hours will be arranged with the instructor.

The program accepts 20 students per cohort, fall semester only. All **accepted** students are expected to meet on the first day of class. Accepted students who fail to attend class will be dropped and may re-apply for the next available application period.

### COST:

The cost of the program is currently estimated to be approximately \$800. The greatest direct expense is at the beginning of the first semester. Enrollment fees, textbooks, material fees, malpractice insurance, ADB/Complio fees, and uniforms are the major cost items. Students will be required to complete a background check and drug screening prior starting the program.

### APPLICATION:

Use the checklist to gather all application items and submit a COMPLETE APPLICATION PACKET online during the application filing period.

**SUBMITTING AN APPLICATION DOES NOT GUARANTEE ENTRY INTO THE PROGRAM**



## CST 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:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Have you previously applied to this program?** Yes  No  If yes, when? \_\_\_\_\_

**Have you had any formal education in a healthcare occupation?** Yes  No  If yes, list here: \_\_\_\_\_

**Do you have work experience in healthcare?**  Yes  No If yes, provide information below. \_\_\_\_\_

**\*\*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: [yolvera@swccd.edu](mailto:yolvera@swccd.edu) Please initial acknowledging this requirement \_\_\_\_\_.

### PREVIOUS WORK EXPERIENCE IN HEALTHCARE

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

**COMPLETE FOR STATISTICAL PURPOSES ONLY**

**Gender:**  Male  Female

**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 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 after 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.**

Please initial \_\_\_\_\_ (indicating that you have read and agree with this statement).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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