



CENTRAL SERVICE TECHNOLOGY (CST) PROGRAM CHECKLIST & APPLICATION

Applicants Full Name: _____

The documents and forms listed on pages 1-2 are required to apply for the program and must be submitted by the application deadline (May 2, 2025). If you are offered a seat in the program, additional documents and forms listed on page 3 will be submitted by specific dates provided to you by the Nursing & Health Occupation Programs (NHOP) Office.

1. _____ **ORIGINAL** Central Service Technology Program application (fill out pages 5-6). Print neatly in blue or black ink.
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.
 - 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. We will not email to personal accounts.
 - 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. _____ **COPY** of Driver's License/State ID
5. _____ 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).**
6. _____ **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/members) (www.naces.org/members).

7. _____ **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.
8. _____ **MAKE COPIES 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.
9. _____ **Submit your 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 it to the 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 offered a seat in the program will be required to submit the documents and forms listed on page 3.

____ **COPY** of Social Security Card (card must be signed). 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 physical exam/immunization forms filled out. Download forms from the [Central Service Technology](http://www.swccd.edu/nursing) webpage of SWC Nursing & Health Occupation Programs 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.**

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?v=p6AIK5JDYIY) consists of: (<https://www.youtube.com/watch?v=p6AIK5JDYIY>).

REQUIREMENT:

The program requires that students can 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 required documents and forms to submit a COMPLETE APPLICATION PACKET 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, when?		
Have you had any formal education in a healthcare occupation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list here:		
Do you have work experience in healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

Applicant Signature: _____ Date: _____
