CERTIFIED NURSING ASSISTANT (CNA) PROGRAM
CHECKLIST& APPLICATION

The dates to apply for the CNA Program are on page 3. CNA application packets are accepted only during the specified dates.
The following documents are needed to apply for the CNA Program, including physical exam/immunization forms:

1. _____ **ORIGINAL** Certified Nursing Assistant (CNA) Program application (fill out page 4).

2. _____ **ORIGINAL** Criminal Screening Form (fill out page 5). If you have been CONVICTED, at any time, of a crime other than a minor traffic violation, please contact California Department of Public Health (CDPH) by phone at (916) 327-2445 or email: cna@cdph.ca.gov to clarify your status. The response time from CDPH varies on a case-by-case basis. The review may take several months.

3. _____ **SWC STUDENT ID #** If you do not have an ID# apply online on the main webpage (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 (www.swccd.edu/outreach)

4. _____ **SWC EMAIL ADDRESS** – All program communications will be via SWC email.
   - Access SWC email through MySWC (www.my.swccd.edu). (Sample email: yz0123456@swccd.edu).
   - If your SWC email account is deactivated, reapply to the college (repeat step three). Your SWC ID# will remain the same.
   - Visit the SWC Student Email webpage (https://www.swccd.edu/administration/institutional-technology/applications-and-software/swc-student-email/) for additional information.

5. _____ **COPY** of High School diploma or transcript or GED certificate **(optional).**

6. _____ **COPY** of Social Security Card
   - Name on card must match Driver's License/ State ID. Card cannot be laminated. Card must be signed.

7. _____ **COPY** of Driver's License/State ID

8. _____ **COPY** of CPR certification – Basic Life Support Provider/ Healthcare Provider from the American Heart Association (Hard copy must be signed, E-card does not need signature). **This is the ONLY acceptable CPR card.**

9. ____ **COPY** of SWC NURSING AND HEALTH OCCUPATIONAL PROGRAMS physical exam/immunization forms filled out. Download, print and complete forms from the [CNA webpage](#) of the [SWC Nursing website](#) (www.swccd.edu/nursing).
   - **Immunizations are required for clinical placement.**
   - The dates documented on the forms must match your immunization records and/or titers (lab work results).
   - Review the information filled out by your healthcare provider for accuracy and completeness (i.e., make sure form has the required dates, signatures, and stamps).

10. ____ **COPY** of immunization records and/or titers (lab work). REQUIRED immunizations OR titers include:
    - ****Proof of Co-Vid-19 vaccine, initial series and booster – at time of application and annual booster during the program****
    - 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 (must be within 10 years)
    - Seasonal flu shot (*Influenza 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.**

11. ____ **MAKE COPIES your entire application packet** for your records, including physical exam/immunization forms, before submitting it to the 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, 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):
   <u>Fall/Spring Hours</u>: Monday – Thursday 8:00am - 5:00pm; Friday 8:00am - 4:00pm. Saturday – Sunday Closed.
   <u>Summer Hours</u>: 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.

   **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).

PROGRAM INFORMATION

WHEN CAN I APPLY TO THE CNA PROGRAM?

For **SPRING I, 2025** Submit application packet:	For **SPRING II, 2025** submit application packet:	For **SUMMER 2025** submit application packet:	For **FALL 2025** submit application packet:
September 9, 2024 through November 15, 2024 **(Class starts January 2025)**	November 18, 2024 through February 10, 2025 **(Class starts March 2025)**	February 24, 2025 through March 28, 2025 **(Class starts June 2025)**	May 5, 2025 through June 5, 2025 **(Class starts August 2025)**

**The application filing period can end sooner if an overwhelming number of applications are received,
or it can be extended if/when spots are available for a class.**

SUBMITTING AN APPLICATION DOES _NOT_ GUARANTEE ENTRY INTO THE PROGRAM

ABOUT THE PROGRAM:

The course is designed for students interested in a career in Nursing. The CNA program is an 8.5-unit program which consists of CNA 20 (5.5 units) and CNA 20L (3 units). Completion of the course is valued high on the point system for entrance into the Associate Degree in Nursing (ADN) Program, and it is required for the Vocational Nursing (VN) Program. Completion of this course confers eligibility to take the State Certification exam for CNA. CNAs are employed by hospitals, skilled nursing facilities and other health care agencies. The course content includes fundamental procedures to meet basic needs of patients, gathering data about the patients, communicating appropriately and other content required by State regulations for nurse assistant certification. *The CNA course is repeatable only once, and attendance to **all** class meeting days is mandatory.

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.

Enrollment is restricted to students who have applied within the designated application period through the Nursing Department and have been formally accepted. The program accepts 30-40 students plus alternates (alternates are admitted if initially accepted students are not able to participate). All accepted students and alternates must attend the orientation and meet on the first day of class at 8:00 a.m. Accepted students who fail to meet the first class will be dropped and will have to re-apply for the next available session. Class absences may result in the student being dropped from the program.

COST:

The total cost of the program is approximately $750-$850. The greatest direct expense is at the beginning of the first semester. Costs include enrollment fees, textbooks, malpractice insurance, ADB/Complio fees, uniforms, parking, and exam fees. Students will be required to complete a background check and drug screening prior starting the program. Students are required to wear maroon-colored scrubs with white shoes.

STATE CERTIFICATION:

After successful completion of the nursing assistant training program, you will be eligible to apply for the California State Department of Health Services certification exam. The exam is administered on campus. The current exam fee is $120 (subject to change).

CERTIFIED NURSING ASSISTANT PROGRAM
APPLICATION

SWC ID # _____
(Required at time of application)

Last Name: **First Name:**   **Middle:**

(If no middle name use NMN)

Previous/Maiden Name: **Birth Date:**

(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)

**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 _____.

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female ☐ **Age**: _____	
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	
Language spoken at home ☐Arabic ☐Chinese including dialects ☐English ☐Farsi ☐Russian ☐Spanish ☐Tagalog ☐Other: _____	

All requirements and documentation must be completed in full and submitted to the Nursing 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. Disclosure: All prospective enrollees will be screened for previously revoked or denied certification.

To the best of my knowledge, the above information is truthful and accurate. I understand that falsification of any information within this application may be cause for non-selection or dismissal from the program.

Applicant Signature: _____   Date: _____

CERTIFIED NURSING ASSISTANT PROGRAM

CRIMINAL SCREENING FORM

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ Birth Date: _____ SWC ID # _____

1. Have you been convicted, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).
   ☐ Yes ☐ No
2. Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?
   ☐ Yes ☐ No
3. Have you ever been previously cleared of prior convictions by the California Department of Public Health?
   ☐ Yes ☐ No
4. Have you ever been revoked or denied certification for nursing assistant?
   ☐ Yes ☐ No
   If yes, what state? _____
5. Have you ever been enrolled and/or completed a nursing assistant course?
   ☐ Yes ☐ No
   If yes, what state? _____

If you have answered "yes" to question #1, you have the option to clarify your status with the California Department of Public Health (CDPH), Licensing and Certification Program, prior to enrolling in the nursing assistant course. Contact CDPH by phone at (916) 327-2445 or email: cna@cdph.ca.gov to clarify your status.

Expunged records or cases related to 1203.4 and or 1203.4a are required to disclose information.

I hereby certify that all statements made on this form are true and complete. Any false statements are subject to application review and possible denial into the CNA course, per the Nursing and Health Occupations Department.

Applicant's Signature _____ Date_____