



VOCATIONAL NURSING (VN) APPLICATION CHECKLIST

Applicants Full Name: _____

Vocational Nursing Program application packets will be submitted online.

The dates to apply are listed on the [Vocational Nursing webpage](#) of the SWC Nursing & Health Occupations Programs website (www.swccd.edu/nursing). Use this checklist as a guide to help you prepare and gather all documents and materials needed to apply.

The required following documents and materials are needed to submit an online application packet, including physical exam & immunization forms.

1. ____ **ONLINE** Vocational Nursing Program application (the link is available only during the application filing period).
2. ____ **SWC STUDENT ID Number** – apply online on [main webpage](#) (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](#) (my.swccd.edu). (Sample email: yz0123456@swccd.edu).
 - For assistance contact [SWC Admissions and Records](#) (admissions@swccd.edu).
4. ____ **COPY** of unofficial college transcripts, including SWC transcripts.
5. ____ **OFFICIAL** college transcripts must be mailed or sent electronically to SWC Admissions & Records (***if you did not attend SWC***).
 - If you attended another college, request from your previous educational institution(s) to send official transcripts directly to:
SWC Admission & Records, 900 Otay Lakes Road, Chula Vista, CA 91910.
 - If you attended SWC, your official transcripts will be on file with the college in Admissions & Records and you do not need to request an official transcript.
6. ____ **COPY** of High School diploma or transcript, GED certificate or proof of a *higher degree.
 - Proof of high school completion is a Board of Vocational Nursing & Psychiatric Technicians (BVNPT) requirement.
 - **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](#) (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 – *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.
8. ____ **COPY** of Driver's License/State ID
9. ____ **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.**
10. ____ **COPY** of unofficial ATI TEAS transcripts (showing all TEAS test results). Log in to your ATI account to download; print unofficial transcript.
11. ____ **IF APPLICABLE, COPY** of TEAS remediation proof. For TEAS Remediation Plan, visit [TEAS Testing webpage](#) of nursing website (www.swccd.edu/nursing).
12. ____ **COPY** of active California CNA certification. (Must have obtained or renewed CNA certification within last two years).
13. ____ **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 staff using the [Cranium Café link for Higher Education Center at Otay Mesa](#), National City or San Ysidro (<https://swccd.craniumcafe.com/group/higher-education-center-otay-mesa-front-desk/>) or [Counseling Department](#) (<https://swccd.craniumcafe.com/group/general-counseling-front-desk/lobby>). Or email hecom@swccd.edu and provide your SWC ID#, telephone#, and best day and time to reach you. **Schedule your SEP appointment in advance. These are not same day appointments.**
14. ____ **IF APPLICABLE, COPY** of processed [Program Enrollment Prerequisite Evaluation](#) form. **This form must be completed ONLY if program prerequisites were NOT taken at SWC.** To submit a Program Enrollment Prerequisite evaluation request, click on the [Prerequisite Program Enrollment form](#) link here or located on the [Prerequisites webpage at http://www.swccd.edu/prerequisites](#) . You will need to log out of all personal Google accounts before accessing the form. The form will require you to sign in with your MySWC credentials. To complete the form, read the instruction on the first page completely then click "Next". On the second page of the form, fill in your phone number and select the program for which you want your prerequisites evaluated (e.g. ADN, VN, STEP-UP, etc.). Fill in the table with all of the information requested; **the Prerequisites Office will not process partially completed forms.** Indicate if you are attaching supporting documentation and attach the documents using the "Choose File" below the grid on the second page of the form. When you are done, click submit. All email notifications of form completion or needed corrections will be sent to your @swccd.edu email address. Be sure that your email is active and that you are checking it regularly. Processing usually takes one business week (up to 5 business days), so plan accordingly. A link to the completed form will be included in the email notifying you that your form is complete. **Use Adobe Reader to open, download and print the processed form** (it will not print correctly from a web browser).
15. ____ **COPY** of physical exam/immunization forms filled out. Download forms from the [VN webpage](#) of the SWC Nursing website (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).

16. _____ **COPY** of immunization records and/or titers (lab work results indicating immunity). REQUIRED immunizations OR titers include:
- ****Proof of CoVid-19 vaccine****
 - 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.**
17. _____ **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.
18. _____ 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.**



VN PROGRAM APPLICATION

SWC ID # _____
(Required at time of application)

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

(If no middle name use NMN)

Previous/Maiden Name: _____ **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:** _____

(Required by Board of Vocational Nursing & Psychiatric Technicians, BVNPT)

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 _____.

Program prerequisites must be completed prior to apply. Work in progress will not be accepted.

Program prerequisites not completed at SWC must be cleared by the Prerequisites Office using the Program Enrollment Prerequisite Evaluation form.

Fill out course number and units as they appear on your transcripts.

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
*BIO 260 Anatomy OR Anatomy & Physiology I	lecture	lecture	Yes/No			
	lab	lab				
*BIO 261 Physiology OR Anatomy & Physiology II	lecture	lecture	Yes/No			
	lab	lab				
ENGL 115 College Comp			----			
**MATH 60 Intermediate Algebra			----			
HLTH 204 Fundamentals of Nutrition			----			
CD 170 Child Dev			----			
Certified Nursing Assistant Certification (CNA)						

*BIO 260 & BIO 261 will be required when applying for Fall 2021 and future cohorts (curriculum change approved November 2019). BIO 190 will no longer be accepted for the VN Program. **Math 60 required effective Fall 2019 SWC Catalog and must be completed to apply.

DEGREES EARNED		
Name of College	Years Attended (i.e. 2015-2018)	Degree Awarded

Have you previously applied to SWC Vocational Nursing? Yes No If yes, list the year(s): _____

PREVIOUS NURSING BACKGROUND:

1. Have you had any formal nursing education? Yes No If yes, place a checkmark next to program and provide program details below:

- a. ADN _____
- b. LVN/LPN _____
- c. Nurse Assistant _____
- d. Orderly _____
- e. Corp School _____
- f. Other (specify): _____

Name of School: _____ City & State: _____

Enrolled from _____ to _____ Date Graduated:
Month/Year Month/Year

2. Have you had any formal education in other health care occupations? Yes No If yes, please list: _____

TEAS SCORE (within the same version): 1st Attempt: _____ Date: _____ Remediation Date (completed): _____ (Required if score for 1st Attempt is less than 58%).

2nd Attempt: _____ Date: _____ (Required if score for 1st Attempt is less than 58%).

Attach ATI TEAS unofficial transcripts showing all test scores. A score of 58 or higher is required to be eligible for admission into the program. Review the [TEAS Testing webpage](#) of the SWC Nursing website (www.swccd.edu/nursing) for current TEAS policy, updates and remediation.

COMPLETE FOR STATISTICAL PURPOSES ONLY

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/> Asian <input type="checkbox"/> Non-Filipino Asian or Pacific Islander <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/ non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown/Non-Respondent <input type="checkbox"/> Other/ non-white
Language 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: _____
Age: <input type="checkbox"/> Under 19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> Over 50

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.

To the best of my knowledge, the above information is true and correct. Failure to disclose accurate information may be cause for non-selection or dismissal from the program.

Applicant Signature: _____ Date: _____
