



VOCATIONAL NURSING (VN) CHECKLIST & APPLICATION

Applicants Full Name: _____

The required documents and forms on pages 1-2 must be submitted by the application deadline. Incomplete applications will not be processed. Coursework in progress will not be accepted. 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** Vocational Nursing Program application (fill out pages 4-6). 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.
 - 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. ____ **UNOFFICIAL TRANSCRIPTS of ALL colleges attended must be included with this application, including Southwestern College transcripts.**
 - Those admitted in the program will be required to submit official transcripts to SWC Admissions & Records.
5. ____ **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](http://www.naces.org/member) (www.naces.org/member).
 - *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.

6. ____ **COPY** of Driver's License/State ID
7. ____ **COPY** of unofficial ATI TEAS transcripts (showing all TEAS test results). Log in to your ATI account to print unofficial TEAS transcript (click My Results; next click Download Report and print the transcript).
 - If you scored below 58 on your first TEAS attempt (within the same version), submit proof of TEAS remediation. For TEAS Remediation Plan, visit [TEAS Testing webpage](http://www.swccd.edu/nursing) of nursing website (www.swccd.edu/nursing).
8. ____ **COPY** of active certification or license: CNA, Corpsman, Certified Medical Assistant, EMT, Patient Care Technician, ER Technician, Home Health Aide, Psychiatric Technician; VN license or Paramedic license (Must have obtained or renewed certification within last two years. Must be certified in California).
9. ____ **COPY** of processed [Program Enrollment Prerequisite Evaluation](#) (PEPE) form. **This form must be completed if program prerequisites were not taken at Southwestern College.** The form will be used to clear program coursework taken outside of SWC and must show if the courses were approved or not.
 - Fill out the online form by clicking on the [Prerequisite Program Enrollment form](#) link here or on the [Prerequisites webpage](#) (<https://www.swccd.edu/student-support/placement-and-prerequisites/placement-and-prerequisite-forms/index.aspx>).
 - **NOTE:** You need to submit a new PEPE form if your current PEPE is dated before July 1, 2024 (due to new math requirements).
10. ____ 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).**
11. ____ **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.
12. ____ **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.
13. ____ Submit **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.

The NHOP Office will provide you with deadlines to submit the documents and forms on page 3. Acceptance into the program will be contingent upon NHOP Office receiving these items by the given deadlines.

_____ **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 Student Education Plan (SEP). SEP must be program specific and dated within one year at time of application.

_____ **COPY** of SWC NURSING AND HEALTH OCCUPATIONAL PROGRAMS physical exam/immunization forms filled out. Download, print and complete forms from the [Vocational Nursing webpage](#) of the [SWC NHOP 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.**



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 <input type="checkbox"/> No <input type="checkbox"/>
(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)		

All program prerequisites/other requirements must be completed before applying. Coursework in progress will not be accepted.
Five-year Recency: Human Anatomy, Physiology and Fundamentals of Nutrition must be within the last five (5) years at the time of application.
 Program prerequisites not completed at SWC must be cleared by the Prerequisites Office using the Program Enrollment Prerequisite Evaluation form.

Write the course information on the application as it appears on your transcripts (i.e., course number, units, etc.).

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 lab	lecture lab	Yes/No			
*BIO 261 Physiology OR Anatomy & Physiology II	lecture lab	lecture lab	Yes/No			
ENGL 115 College Composition			----			
**MATH 119 Elementary Statistics (or) **PSYC/SOC 270 Stats. for Beh. Sci.			----			
HLTH 204 Fundamentals of Nutrition			----			
Certified Nursing Assistant (CNA) Certification						

*Five-year Recency: Human Anatomy, Physiology and Fundamentals of Nutrition must be within the last five years at the time of application.

**MATH 119 or PSYC 270 or SOC 270 is required if starting the program in Fall of 2025 and future classes. Math 60/70/72 will no longer be accepted.

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 _____ BSN _____ d. Patient Care Technician _____
b. LVN/LPN _____ e. Hospital Corpsman _____
c. Nurse Assistant _____ 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 <input type="checkbox"/> I prefer not to answer or prefer not to disclose
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: _____
For DSS students only: Did the school where you took the TEAS provide an accommodation for a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school: _____
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

****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 _____.

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: _____
