



## ASSOCIATE DEGREE IN NURSING (A.D.N.) APPLICATION CHECKLIST

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

**Please initial each item below** (indicating you have read, completed, and included each item with your application packet).

**The required following documents and forms are needed to submit an application packet, including physical exam/immunization forms:**

1. \_\_\_\_ **ORIGINAL** ADN Program application. (Print neatly in blue or black ink. Typewritten preferred).
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 unofficial college transcripts. This includes any transcripts from Southwestern College.
5. \_\_\_\_ **OFFICIAL** 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 copy.
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 Registered (BRN) 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) (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 (card must be signed).
  - Name on card must match Driver's License/State ID
  - Card cannot be laminated

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 the [nursing website](#) (www.swccd.edu/nursing) and click TEAS Testing.
12. \_\_\_\_ **COPY** of active certification or license: CNA, Corpsman, Certified Medical Assistant, Patient Care Technician, ER Technician, Home Health Aid; VN license or Paramedic license. (Must have obtained or renewed certification within last two years. Must be certified in California). Please refer to the Multi-Criteria Points Formula on the Nursing Programs website.
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](mailto: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 [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). REQUIRED immunizations OR titers include:
- **\*\*Proof of Co-Vid-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. \_\_\_\_\_ **IF APPLICABLE**, provide proper documentation of the following for additional points awarded to your application (refer to Multi-Criteria Points Formula):
- |                           |  |                            |                                   |
|---------------------------|--|----------------------------|-----------------------------------|
| * Proof of college degree | * Financial Aid/ low family income (current eligibility)   | * First generation student | * Employment during prerequisites |
| * Disability              | * Recent difficult circumstances                           | * Refugee                  | * Veteran or active duty          |
| * Disadvantage            | * Language – SWC Verification of Language Proficiency Form |                            | * Spouse of veteran               |
18. \_\_\_\_\_ **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.
19. \_\_\_\_\_ **COPY** of this checklist must accompany your application after you review and initial each item. Do not staple the application (paperclips may be used instead).
20. \_\_\_\_\_ Submit complete application packet **by U.S. Mail ONLY** to:

Southwestern College, Higher Education Center at Otay Mesa  
**Attention:** Nursing & Health Occupation Programs  
 8100 Gigantic Street  
 San Diego, CA. 92154

**\*\* 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. \*\***



# ADN PROGRAM APPLICATION

SWC ID # \_\_\_\_\_  
*(Required at time of application)*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

*(If no middle name use NMN)*

**Previous/Maiden Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ **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 the Board of Registered Nursing)*

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **SWC Email Address:** \_\_\_\_\_

*(All program communications will be via SWC email. Sample email: [yz0123456@swccd.edu](mailto:yz0123456@swccd.edu))*

**Minimum Science prerequisites – 2.5 G.P.A. is required to apply. Applications with less than 2.5 G.P.A. will not be reviewed.**

**Recency: Physiology & Microbiology must be within the past 7 years; Anatomy within the past 10 years. Only ONE repeat of ONE science course is allowed to apply.**

If science classes “expired,” then course(s) must be retaken and the only new grade(s) will be used when applying to the program.

SCIENCE PREREQUISITES GE REQUIRED COURSES	Course Number	No. of Units	Lab Course	Year Completed	Name of College	Letter Grade Received
<b>Bio 260</b> Anatomy <b>OR</b> Anatomy & Physiology I	lecture	lecture	Yes/No			
	lab	lab				
<b>Bio 261</b> Physiology <b>OR</b> Anatomy & Physiology II	lecture	lecture	Yes/No			
	lab	lab				
<b>Bio 265</b> Microbiology	lecture	lecture	Yes/No			
	lab	lab				
<b>A.D.N. 140</b> Reading & Comp or <b>Engl 115</b> College Comp			----			
<b>Math 60</b> Intermediate Algebra I			----			
<b>Comm 103</b> Oral Comm or <b>Comm 174</b> Interpersonal Comm			----			
<b>Psyc 101</b> General Psychology			----			
<b>CD 170</b> Child Dev or <b>Psyc 230</b> Dev Psychology			----			
<b>Certified Nursing Assistant (CNA) (strongly recommended)</b>						

Are you currently enrolled or have you ever been enrolled in another nursing program? Yes  No   
 If yes, provide name of the school \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
 Have you previously applied to SWC Nursing? Yes  No  If yes, list the year(s): \_\_\_\_\_

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

Vocational Nursing License? Yes  No  If yes, License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Do you have a California Certified Nursing Assistant (CNA) Certification? Yes  No  If yes, where did you complete the CNA course? \_\_\_\_\_

Do you have a documented disability? Yes  No  **Submit documentation on official letterhead describing the disability or copy of DSS evaluation.**  
 Documented eligibility for Financial Aid, CalWORKS, CA Promise (formerly BOGW), EOPS, etc. Yes  No  **Submit proof of current eligibility (i.e. award letter).**  
 Are you the first generation of your family to attend college? Yes  No  **Write a brief statement. Submit with application.**  
 Documented employment during prerequisite course work? Yes  No  **Submit letter from employer on company letterhead verifying dates employed or 1<sup>st</sup> and last pay stub.**  
 Disadvantage socially or educationally? Yes  No  **Write a brief statement. Submit with application.**  
 Are there any recent difficult family or personal circumstances? Yes  No  **Write a brief statement. Submit with application.**  
 Documented Refugee? Yes  No  Documented Veteran? Yes  No  Spouse of Veteran? Yes  No  **Submit documentation.**

*To receive points for fluency in a language other than English, review and complete SWC Verification of Language Proficiency Form (download from nursing website).*  
 Documented proficiency or advanced level of coursework (2<sup>nd</sup> level or higher) in languages other than English, including American Sign? Yes  No   
 List the language course(s) you have taken: \_\_\_\_\_ **Unofficial transcripts required with application.**  
 Check the language(s) in which you are fluent: American Sign  Spanish  Tagalog  Arabic  Chinese  Farsi  Russian   
 Various languages of Indian Subcontinent and Southeast Asia  Other: \_\_\_\_\_

**Test of Essential Academic Skills (TEAS) Version 6 Score:** \_\_\_\_ Passing score is 62. *TEAS test can be taken a second time ONLY if you fail the first attempt. Remediation MUST be completed within one year after the first TEAS test date and prior to retesting. To be successful, allow ample time to study for test. Check [nursing website for TEAS test information and TEAS Remediation Plan](#) (www.swccd.edu/nursing).* **Attach ATI TEAS Unofficial Transcripts showing all test scores.**

**COMPLETE FOR STATISTICAL PURPOSES ONLY:**

**Gender:**  Male  Female

**Ethnicity:**  Black/African-American  American Indian or Alaska Native  Asian or Asian Indian  Filipino  Native Hawaiian or Other Non-Filipino Pacific Islander  White/Caucasian  Hispanic/Latino  Mixed race  Other race  Unknown race and ethnicity

**For DSS students only:**  
Did the school where you took the TEAS provide an accommodation for a documented disability? Yes  No  **If yes, which school:**

**Age at date of enrollment:**  17-20  21-25  26-30  31-40  41-50  51-60  61 years and older

**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 result in not being accepted into the program and/or to continue in said program. If you are accepted into another Nursing Program, please inform Southwestern College Nursing Office as soon as possible by notifying the ADN Program Technician in writing.

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

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