ASSOCIATE DEGREE IN NURSING (A.D.N.)
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. 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** ADN Program application. Print neatly in blue or black ink.

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.
   - For assistance with your SWC application and ID# contact SWC Outreach (www.swccd.edu/outreach).

3. _____ **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, 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/) 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 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 (www.naces.org/members).
   - *Higher degree accepted is bachelor's degree or higher as proof of high school equivalency. Associate degree cannot be used as proof of high school equivalency.

6. _____ **Proof of Co-Vid-19 vaccine, initial series and booster – at time of application and annual booster during the program** **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).**

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

8. ____ **COPY** of active certification or license: CNA, Corpsman, Certified Medical Assistant, EMT, Patient Care Technician, ER Technician, Home Health Aide, Psychiatric Technician, Dialysis Technician; 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.

9. ____ **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 62 on your first TEAS attempt (within the same version), submit proof of TEAS remediation. For TEAS Remediation Plan, visit TEAS Testing webpage of nursing website (www.swccd.edu/nursing).

10. ____ **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).

11. **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, first degree
    * Employment during prerequisites   * Refugee, Veteran, active duty, spouse of veteran/active duty   *Underrepresented in the nursing profession, Southern region
    * Disability   * Disadvantage   * Language, SWC Verification of Language Proficiency Form

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. ____ **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.

14. ____ 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 application packet to 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.

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Applicants who are offered a seat in the program will be required to submit the documents and forms below.

The NHOP Office will provide you with specific deadlines to submit the documents and forms listed 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 ADN webpage of the SWC Nursing 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.**

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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*)*

Minimum grade point average (G.P.A.) of 2.5 for science prerequisites is required. 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.

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
Biol 260 Anatomy	lecture	lecture	Yes/No			
OR Anatomy & Physiology I	lab	lab				
Biol 261 Physiology	lecture	lecture	Yes/No			
OR Anatomy & Physiology II	lab	lab				
Biol 265 Microbiology	lecture	lecture	Yes/No			
	lab	lab				
Engl 115 College Comp			----			
*Math 119 Elementary Statistics (or) ***PSYC/SOC 270** Stats.for Beh. Sci.			----			
Comm 103 Oral Comm (or) **Comm 174** Interpersonal Comm (or) **Comm 176** Intercultural Comm			----			
Psyc 101 General Psychology			----			
CD 170 Child Dev (or) **Psyc 230** Dev Psychology			----			
Certified Nursing Assistant (CNA) (strongly recommended)						

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

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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): _____

Are you related to any Nursing and Health Occupations Faculty or Staff Member? Yes ☐ No ☐ If yes, who? _____

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 **and** this is your first degree? 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 1st and last pay stub.***

Disadvantage socially or educationally? Yes ☐ No ☐ ***Write a brief statement***. Submit with application.

Documented Refugee? Yes ☐ No ☐ Documented Veteran? Yes ☐ No ☐ Spouse of Veteran? Yes ☐ No ☐ ***Submit documentation.***

Underrepresented in the nursing profession? Southern region. Hispanic/Latino, Black/African American, American Indian, Alaska Native, Men

Yes ☐ No ☐ ***Write a brief statement.*** Submit with application.

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 (2nd 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: _____

TEAS SCORE (within the same version): 1st Attempt: _____ Date: _____ Remediation Date (completed): _____ (Required if score for 1st Attempt is less than 62%).

2nd Attempt: _____ Date: _____ (Required if score for 1st Attempt is less than 62%).

Attach ATI TEAS unofficial transcripts showing <u>all</u> test scores. A score of 62 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.

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COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female ☐ Other _____ ☐ Choose not to disclose

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

**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 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.

Applicant Signature:_____ Date: _____

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