SURGICAL TECHNOLOGY PROGRAM
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** Surgical Technology Program application. Print neatly in blue or black ink. Typewritten preferred.

2. ____ **SWC STUDENT ID Number** – apply online at www.swccd.edu main webpage, 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. We will not email to personal accounts.
   - Access SWC email through MySWC (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.
   - **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's degree cannot be used as proof of high school equivalency.

6. ____ 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).

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

8. ____ **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).

9. Provide documentation of the following that apply to you for additional points awarded to your application (refer to **Surgical Technology Point System Grid**):
    * Proof of college degree * Completion of Central Sterilization Program and/or Sterile Processing Certification * Documented work or volunteer experience in health care or health related field

10. ____ **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.

11. ____ **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.

12. ____ 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 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.

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 your resume.

____ **COPY** of SWC NURSING AND HEALTH OCCUPATIONAL PROGRAMS physical exam/immunization forms filled out. Download, print and complete forms from the Surgical Technology 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.**

SURGICAL TECHNOLOGY PROGRAM APPLICATION

SOUTHWESTERN COLLEGE

SWC ID # _____

(Required at time of application)

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

(If no middle name use NMN)

Previous/Maiden Name:

(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)

High School or GED location: **Graduation Year:**

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.
Science prerequisites do not expire for Surgical Technology Program.
All prerequisites/other requirements must be completed to apply. Coursework in progress will not be accepted.

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

PREREQUISITES & OTHER REQUIREMENTS	Course Number	No. of Units	Lab Course		Year Completed	Name of College	Letter Grade Received
			Yes	**No**			
BIOL 260 Human Anatomy							
BIOL 265 Microbiology							
MEDOP 230 Medical Terminology			-	-			
***MATH 119** Elementary Statistics (or) ***PSYC/SOC 270** Stats.for Beh. Sci.			-	-			
ENGL 115 College Composition			-	-			
COMM 174 Interpersonal Comm			-	-			
PSYC 101 General Psychology			-	-			
One Humanities GE course (from Area C)			-	-			
****One Ethnic Studies course**			-	-			

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

*** The Ethnic Studies graduation requirement went into effect Fall 2023 and applies to SWC associate degree-seeking students. This is not a surgical technology program/prerequisite requirement but a SWC graduation requirement. Please make an appointment with SWC Counseling to review your catalog rights and academic records so that if you have not met the Ethnic Studies requirement, you can take a course.*

Have you previously applied to this program? Yes ☐ **No** ☐
If yes, when? _____

Do you have a degree (any major)? ☐ **Yes** ☐ **No**
If yes, list major and degree earned: _____

Have you completed a Central Sterilization Program and/or obtained a Sterile Processing Certification? ☐ Yes ☐ No
If yes, provide proof of program completion or certification with application.

Have you had any formal education in a healthcare occupation? Yes ☐ No ☐ If yes, indicate type of program:

☐ **RN**   ☐ **Patient Care Technician**   ☐ **LVN/PN**   ☐ **EMT/Paramedic**   ☐ **Certified Nurse Assistant**
☐ **Hospital Corpsman**   ☐ **Other:** _____

Name of School: _____ **City and State:** _____ **Enrolled from:** _____ to _____
                                                                                                          month/year   month/year
Date graduated: _____

Do you have work or volunteer experience in healthcare? ☐ Yes ☐ No
If yes, provide documentation such as a letter from organization/employer (i.e., HR department) on company letterhead to verify volunteer experience and the number of hours volunteered.

<p align="center"><u>CURRENT OR PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE IN HEALTHCARE</u></p>

Agency	Position	From	To

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female ☐ I prefer not to answer or prefer not to disclose	☐ Age: _____

Ethnicity: ☐ African-American ☐ American Indian ☐ Filipino ☐ Non-Filipino Asian or Pacific Islander ☐ Caucasian

☐ Hispanic ☐ Middle Eastern ☐ Unknown ☐ Other:

Education - Highest Level Completed: _____

Languages spoken at home: ☐ Arabic ☐ Chinese including dialects ☐ English ☐ Farsi ☐ Russian ☐ Spanish ☐ Tagalog ☐ Other: _____

U.S. Citizen? ☐ Yes ☐ No

**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 NHOP 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.

Applicant Signature: _____ Date: _____