



SOUTHWESTERN COLLEGE CERTIFIED NURSING ASSISTANT PROGRAM

This program is designed for students interested in a career in Nursing. Completion of the course is valued high on the points system for entrance into the Associate Degree Nursing and the Vocational Nursing programs. Completion of this course confers eligibility to take the State Certification exam for CNA. CNAs are employed by hospitals, skilled nursing facilities and other health care agencies. The course content includes fundamental procedures to meet basic needs of patients, gathering data about the patients, communicating appropriately and other content required by State regulations for nurse assistant certification. *The CNA course is repeatable only once, and attendance to **all** class meeting days is mandatory. Reading 56 or higher is recommended.

Costs involved are for textbooks, parking, and enrollment fees. Students will be required to purchase malpractice insurance and complete background check and drug screening. Students are required to wear maroon colored scrubs with white shoes. The total cost of the program is estimated to be approximately \$750.

Enrollment is restricted to students who have applied within the appropriate application period through the Nursing Department and have been formally accepted. The program accepts 40 students plus alternates (if potential students from the accepted group are unable to participate). All **accepted** students must attend orientation and meet on the first day of class at 8:00 a.m. Accepted students who fail to meet the first class **will be dropped** and will have to re-apply for the next available session. Class absences may result in the student being dropped from the program.

All applications may be submitted in person, US Mail, or faxed to the **Nursing Office (8100 Gigantic Street San Diego, CA. 92154, Office 4401 Fax No. (619) 216-6603)**. Applications will only be accepted during the times specified on the application period. Do not drop your applications before the 9:00 a.m. start time as your application will not be accepted.

Applications are accepted on first come, first served basis; based on time stamp. The first 40 applicants with a complete file will be accepted and notified via e-mail.

APPLICATION PERIODS

Please contact our office to verify session availability if application period has elapsed.

- **SPRING II (March to May): Dec. 15, 2014 at 9am – Until filled.**
 - 9 weeks; 4 days per week
- **SUMMER 2015 (June-August): March 16, 2015 at 9am – April 16, 2015 at 3pm**
 - 9 weeks; 4 days per week
- **FALL 2015 (August - December): TBA**
 - 18 weeks; 2 days per week

STATE CERTIFICATION:

After successful completion of the nursing assistant training program you are eligible to apply for the California State Department of Health Services certification exam. The exam is administered on campus and the current fee is \$90 (*subject to change*).



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Last Name: _____ First Name: _____ Middle: _____

If no middle name use NMN

Previous Name/Maiden Name: _____

Important if your records reflect a name different from above

Social Security Number: _____

(Required by the Department of Health Services)

Birth Date: _____

SWC ID # _____

(Required at time of application)

Address: _____

City: _____

State: _____

Zip Code: _____

Ph#: _____

Cell#: _____

*Email Address: _____

*(*must provide valid email address)*

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ Male ☐ Female

Ethnicity: ☐ African-American ☐ American Indian ☐ Filipino ☐ Non-Filipino Asian or Pacific Islander ☐ Caucasian
☐ Hispanic ☐ Unknown ☐ Other _____

Disclosure: All prospective enrollees will be screened for previously revoked or denied certification.

If you have concerns about prior convictions of a crime or misdemeanor, you may contact the State Department of Health Services at (916) 327-2445 or in writing to 1615 Capitol Avenue, MS 3301 Sacramento, CA 94234-7320

To the best of my knowledge, the information submitted on this application is complete, truthful, and accurate. I understand that falsification of any information on this application may be cause for non-selection or dismissal from the program.

Important: Once your application is submitted to our office, it becomes sole property of the Nursing Department. If not accepted into the program, you may pick up your application within the first 30 days after application date. After 30 days, all non-accepted applications will be shredded. **Please initial** _____ (indicating that you have read this statement).

Applicant Signature: _____ Date: _____

For Official Use Only

☐ Application Packet Complete

☐ Verified Social Security Card

Date application received: _____



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Student Application Checklist

You will need **ALL** of the following items at the time of application, please make copies of your records prior to applying.

- ☐ Application (**submitted in person, US mail, or via fax ONLY**)
- ☐ Criminal Screening Form
- ☐ SWC ID Number (required at time of application)
- ☐ Copy of:
 - Social Security Card
 - Driver's License/State ID
 - CPR certification – Healthcare Provider from the American Heart Association
 - U.S. High School Diploma/GED or high school transcripts (**All foreign degrees must be evaluated by an agency prior to applying**)
 - Immunization card/record or titers (lab work)
- ☐ Physical Examination Form with all immunizations completed
 - 2 MMRs or Titers for Measles, Mumps, Rubella
 - 2 Varicella or Titers (if you had the disease you will need titers)
 - 3 Hepatitis B or Titers
 - Tdap (within 5 years at time of application)
 - Flu (must be current season)
 - 2-Step Intradermal TB Mantoux Test or Titers (Quantiferon TB) or if TB positive, a chest x-ray **within 5 years**.

****Your immunization records or titer results MUST accompany the application packet***



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CRIMINAL SCREENING FORM

Last Name: _____ First Name: _____ Middle: _____
Social Security Number: _____ Birth Date: _____ SWC ID #: _____

Before answering the following questions, you must review the Disqualifying Penal Code Sections

1. Have you ever been convicted by any court of a crime, other than a minor traffic violation?
☐ Yes ☐ No **IF YOU ANSWERED YES please read highlighted area below.**
2. Do you have any pending court cases related or applicable to the penal code sections?
☐ Yes ☐ No
3. Have you ever been previously cleared of prior convictions by the Department of Health Services?
☐ Yes ☐ No
4. Have you ever been convicted by any court of a crime, since your last vehicle license renewal?
☐ Yes ☐ No
5. Have you ever been revoked or denied certification for nursing assistant? ☐ Yes ☐ No
If yes, what state? ☐
6. Have you ever been enrolled and/or completed a nursing assistant course? ☐ Yes ☐ No
If yes, what state? ☐

***If you have answered "yes" to any of the above questions, you must clear or clarify your status with the Department of Health Services, Licensing and Certification Program prior to enrolling in the nursing assistant course.**

Expunged records or cases related to 1203.4 and or 1203.4a are required to disclose information.

According to the Disqualifying Penal Code Section, any convictions of the penal codes listed, CNA applicants will automatically be denied certification, and therefore, enrollment in the nursing assistant program at Southwestern College will also be denied.

I hereby certify that I have reviewed the list of Disqualifying Penal Code Section and that all statements made on this form are true and complete. Any false statements are subject to action pursuant to the Health and Safety Code 1337.8.

Applicant's Signature _____ Date _____

Official Use Only

Pre-Screening for CNA Registry IVRU Date _____ Verified By: _____

☐ Cleared ☐ Revoked ☐ Denied ☐ Other _____

Fingerprint Clearance Date _____ Verified By: _____ Comments: _____

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Disqualifying Penal Code Sections

If they have been convicted of any of the penal codes listed, CNA/HHA applicants will automatically be denied certification or ICF/DD, DDH, or DDN applicants will be denied employment.

All CNA/HHA applicants should review this list carefully to avoid wasting their time, effort and money by training, testing and submission of fingerprints since they cannot receive the required criminal background clearance if they have been convicted of any of these violations.

Section

- 187 Murder
- 192(a) Manslaughter, Voluntary
- 203 Mayhem
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper
- 210.5 False imprisonment
- 211 Robbery (Includes degrees in 212.5 (a) and (b))
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.4 Sexual battery (Includes degrees (a) - (d))
- 245 Assault with deadly weapon, all inclusive
- 261 Rape (Includes degrees (a)-(c))
- 262 Rape of spouse (Includes degrees (a)-(e))
- 264.1 Rape or penetration of genital or anal openings by foreign object
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of female under 18
- 266a Taking person without will or by misrepresentation for prostitution
- 266b Taking person by force
- 266c Sexual act by fear
- 266d Receiving money to place person in cohabitation
- 266e Placing a person for prostitution against will
- 266f Selling a person
- 266g Prostitution of wife by force
- 266h Pimping
- 266i Pandering
- 266j Placing child under 16 for lewd act
- 266k Felony enhancement for pimping/pandering
- 267 Abduction of person under 18 for purposes of prostitution
- 273a Willful harm or injury to a child; (Includes degrees (a)-(c))
- 273d Corporal punishment/injury to a child (Includes degrees (a)-(c))
- 273.5 Willful infliction of corporal injury (Includes (a)-(h))
- 285 Incest
- 286(c) Sodomy with person under 14 years against will
 - (d) Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
 - (f) Sodomy with unconscious victim
 - (g) Sodomy with victim with mental disorder or developmental or physical disability

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Section

- 288 Lewd or lascivious acts with child under age of 14
- 288a(c) Oral copulation with person under 14 years against will
- (d) Voluntarily acting in concert with or aiding and abetting
- (f) Oral copulation with unconscious victim
- (g) Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child (Includes degree (a))
- 289 Penetration of genital or anal openings by foreign object (Includes degrees (a)-(j))
- 289.5 Rape and sodomy (Includes degrees (a) and (b))
- 368 Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-(f))
- 451 Arson (Includes degrees (a)-(e))
- 459 Burglary (Includes degrees in 460 (a) and (b))
- 470 Forgery (Includes (a)-(e))
- 475 Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) - (c))
- 484 Theft
- 484b Intent to commit theft by fraud
- 484d-j Theft of access card, forgery of access card, unlawful use of access card
- 487 Grand theft (Includes degrees (a)-(d))
- 488 Petty theft
- 496 Receiving stolen property (Includes (a)-(c))
- 503 Embezzlement
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Certification of applicants with convictions on this list **MAY** be reconsidered by ATCS only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed by ATCS.

ATCS 98-4 (4/02)