



Acute Care CNA 21 & 21L

Nursing assistant training focuses on the role of the CNA in a skilled nursing facility. Didactic and clinical components focus primarily on skilled nursing care. The Acute Care CNA course focuses on broadening the CNA's scope of knowledge and clinical experience to include skills required to work in an acute care setting.

The **Acute Care CNA 21** class meets one day per week on Wednesdays for nine weeks (one six-hour day on campus each week). The **Acute Care CNA 21L** class meets for an 8-hour day at a local hospital on Saturdays for clinical practice. Southwestern College is currently offering this course twice each year – once in the spring and once in the fall. This is a short, but intense course. Lectures are held in room 4405 and clinical is held at local hospitals. Students are expected to attend both class and clinical. If the student is late more than twice to either class or clinical, the student will be dropped from the program. This course covers the pathophysiology, treatment and nursing care of various disorders/diseases. Therefore, it is helpful if you have already taken classes on these topics – biology, microbiology, medical terminology and anatomy.

Costs involved are for textbooks, parking, and enrollment fees. Students are required to purchase malpractice insurance. The college has a blanket policy which covers the students for \$1,000,000/\$5,000,000 per year. The cost is currently \$13 (subject to change). The total cost of the program is estimated to be \$500 (subject to change).

The program accepts 20 students and 5 alternates. All **accepted** students are expected to meet on the first day of class at 10:00 a.m. Accepted students who fail to meet the first class will be dropped and will have to re-apply for the next available course-alternates will replace them.

All applications must be complete and submitted in person, fax or by U.S. Mail at the Nursing Programs Office. Applications will only be accepted during the times specified on the application period.

Applications are accepted on first come, first served basis; based on time stamp. **All accepted students will be notified via e-mail.**

Application Periods

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

Spring 2015 (March - May) application period shall remain opened until filled.

Fall 2015 (October – December) TBA



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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: _____ Birth Date: _____ SWC ID # _____

(Required at time of application)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____ *Email Address: _____

*(*must provide valid email address)*

CNA License Number: _____ Expiration Date: _____ CNA Training School: _____ Location: _____

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Additional Languages? Yes <input type="checkbox"/> No <input type="checkbox"/>
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	
Age at date of enrollment: <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	

All requirements and documentation must be completed in full and submitted to the Nursing Office to be considered for admission.

All accepted students will be notified via email.

To the best of my knowledge, the above information is truthful and accurate. Failure to disclose accurate information will result in your application being removed from consideration by Southwestern College Nursing Program.

Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing send email to nursing@swccd.edu. Your admission status will be compromised if we are unable to reach you. Once your application is submitted to our office, it becomes sole property of the Nursing Department. If not accepted into the program, your application will be discarded. **Please initial** _____ (indicating that you have read this statement)

Applicant Signature: _____ Date: _____

For Official Use Only: ☐ Application Packet Complete **Initials:** _____



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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**)
- ☐ 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)
 - CNA license
- ☐ 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 chest x-ray within 5 years.

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