SOUTHWESTERN COLLEGE
OPERATING ROOM NURSING PROGRAM

The Operating Room Nursing Program is designed to teach RN's to function in the operating room. A class of 10 students is accepted each fall. Qualified applicants are accepted in the order in which they apply. Upon completion of the requirements, the student will receive a certificate of completion from Southwestern College. This certificate program was developed in cooperation with the Hospital Council of San Diego and Imperial Counties and is based on AORN Standards

MINIMUM QUALIFICATIONS - All applicants must hold a current **California RN license**.

The student also must have recent RN experience (acute care experience within the past 5 years). It is recommended that prospective students have a hospital sponsor for their clinical rotation (this requirement is effective Fall 2013 cohort). All applicants will be required to attend a mandatory orientation and may have to interview with the program coordinator prior to acceptance to the program.

We do not accept applications unless they contain ALL requested documentation and minimum qualifications**. Applications are accepted in person, US Mail, or fax only. (**No exceptions) at our Nursing office located at 8100 Gigantic Street, San Diego, CA 92154 Room 4401. It is the student's responsibility to notify department of change in address, phone number or email. Admission status will be compromised if department is unable to reach student.

Once admitted to the program, you will be required to complete a background check and drug screening. Student ***is*** responsible for the cost which can range from $60-$75. In addition, admitted students must pay $13 Malpractice Insurance fee to SWC.

APPROXIMATE COST

The estimated cost of the Operating Room Nursing Program is approximately $950. The expenses include textbooks, enrollment and lab fees. Membership in the AORN (Association of Operating Room Nurses) is required as is attendance of an AORN meeting the fourth Thursday of each month.

COURSE OF STUDY

Since the course work amounts to 13 units and is more than a full academic load, students should not plan to work full-time. Scheduling of classes is currently Monday and Tuesday lectures from 11:00am – 4:00pm on campus. In addition, students must complete 12 clinical hours per week in a hospital OR setting (Wednesday – Friday) for a total of 216 hours.

CURRICULUM

ORN 209 Basic Perioperative Nursing 9 units

The Operating Room Nursing course is for the Registered Nurse seeking employment in the operating room. The course is based on the guidelines from the Association of Operating Room Nurses and includes: aseptic technique, staff and patient safety, surgical management, consent, surgical high risk factors, sentinel events, and professional issues.

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ORN 211L Operating Room Nurses Training Laboratory 4 units

Companion to ORN 209 with emphasis on setting priorities in decision making tasks and adapting to new emerging technology in the surgical clinical setting. Basic information on the role of the ORN's responsibility to function independently in the skills required for the surgical clinical setting to meet the needs of the surgical patient.

A minimum grade of "C" is required in each course for progression and satisfactory completion of the program.

8100 Gigantic Street • San Diego, CA • 92154
(619) 482-6352 Office • (619) 216-6603 Fax
www.swccd.edu/nursing • email: nursing@swccd.edu

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PLEASE TYPE AND PRINT OUT FORM

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 by the Board of Registered Nursing) *(Required at time of application)*

Address: City: State: Zip Code:

Phone: Alternate Phone: Email Address:

Emergency Contact Name: Emergency Contact Number:

High School Name: City: State:

(A copy of HS diploma, transcripts, GED)

RN License #: _____ Expiration Date:_____(must be current)

Have you previously applied to this Program? ☐ Yes ☐ No
If so, when? _____

HOSPITAL SPONSOR? ☐ No ☐ Yes (please provide the following information)

Name of Agency	Contact Person	Email	Phone Number

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PREVIOUS WORK EXPERIENCE

Agency	Position	From	To

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ **Male** ☐ **Female** **U.S. Citizen?** Yes ☐ No ☐

Ethnicity: ☐ African-American ☐ American Indian/Alaskan Native ☐ Filipino ☐ Asian ☐ Non-Filipino Asian or Pacific Islander ☐ Pacific Islander ☐ White/ non-Hispanic ☐ Hispanic ☐ Unknown/Non-Respondent ☐ Other/ non-white
Additional Languages? Yes ☐ No ☐
Language spoken at home ☐Arabic ☐Chinese including dialects ☐English ☐Farsi ☐Russian ☐Spanish ☐Tagalog ☐ Other

Age at date of enrollment: ☐ Under 19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐35-39 ☐40-49 ☐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. Please make copies of your complete application prior to applying to our program. Once your application is submitted to our office, it becomes sole property of the Nursing Department and we will not release or make copies of any documents. **Please initial**_____ (indicating that you have read and agree with this statement).

Applicant Signature:_____ Date:_____

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

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Student Application Checklist of REQUIRED Items

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)

☐ Unofficial Transcripts attached to application (**OFFICIAL** transcripts must be submitted to Admissions & Records: 900 Otay Lakes Road Chula Vista, CA 91910)

☐ Letter from Hospital Sponsor on letterhead **(IF APPLICABLE)**

☐ Copy of:

- Social Security Card
- Driver's License/State ID
- CPR certification – Healthcare Provider from the American Heart Association
- ACLS (Advanced Cardiac Life Support)
- RN License
- 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 chest x-ray within 5 years.

Your immunization records or titer results MUST accompany the application packet

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