



## SOUTHWESTERN COLLEGE ACUTE CERTIFIED NURSING ASSISTANT COURSE

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 twice per week on Wednesday's and Saturday's for eight 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 course. 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 cost is currently \$13 (subject to change). The college has a blanket policy which covers the students for \$1,000,000/\$5,000,000 per year. 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 attend the first class will be dropped and will have to re-apply for the next available course. Alternates will replace students who do not begin the program.

All applications must be complete and submitted in person or by U.S. Mail to the Nursing Programs Administrative Office. The Nursing Programs Administrative Office is located in room 4502; address is listed below. Applications will only be accepted during the times specified on the application period. Applications are accepted on first come, first served basis; based on a date and time stamp. All students are notified of their status via e-mail.



**SOUTHWESTERN COLLEGE  
ACUTE CERTIFIED NURSING ASSISTANT COURSE**

**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 or US mail ONLY)**
- ☐ SWC ID Number (required at time of application)
- ☐ Copy of:
  - Social Security Card (card must be signed)
  - Driver's License/State ID
  - CPR certification – Basic Life Support Provider/Healthcare Provider from the American Heart Association (card must be signed)
  - U.S. High School Diploma/GED or high school transcripts (**All foreign degrees/diplomas 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 MMR shots or Titers for Measles, Mumps, Rubella
  - 2 Varicella shots or Titers (if you had the disease you will need titers)
  - 3 Hepatitis B shots or Titers
  - Tdap (within 10 years at time of application)
  - Seasonal flu shot
  - 2-Step Intradermal TB Mantoux Test or Titers (Quantiferon TB) or if TB positive, a chest x-ray **within 5 years**.

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



**SOUTHWESTERN COLLEGE  
ACUTE CERTIFIED NURSING ASSISTANT COURSE**

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: \_\_\_\_\_ \* SWC Email Address: \_\_\_\_\_

**(\*all program communications will be via SWC email)**

CNA License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CNA Training School: \_\_\_\_\_ Location: \_\_\_\_\_

**COMPLETE FOR STATISTICAL PURPOSES ONLY:**

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

**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: \_\_\_\_\_