



SOUTHWESTERN COLLEGE SURGICAL TECHNOLOGY PROGRAM

APPLICATION CHECKLIST - TO APPLY ALL THE FOLLOWING DOCUMENTS MUST BE SUBMITTED.

Make copies of entire application for your records, including physical exam/immunization forms, prior to applying.

Please initial each item below (indicating you have read and completed each). This Checklist must accompany application. Submit complete application packet in person or U.S. Mail ONLY to: Southwestern College, Nursing & Health Occupation Programs, 8100 Gigantic Street, Room 4502, San Diego, CA 92154

1. ____ **ORIGINAL** Surgical Technology Program application. Print neatly print in blue or black ink. Typewritten preferred.
2. ____ **SOUTHWESTERN COLLEGE STUDENT ID Number** – apply online at www.swccd.edu main webpage, click on APPLY AND REGISTER.
3. ____ **COPY** of unofficial college transcripts, including SWC transcripts
4. ____ **OFFICIAL** college transcripts, mailed directly from previous college and sent to: SWC Admissions & Records, 900 Otay Lakes Rd., Chula Vista, CA 91910. If you attended SWC, your official transcripts will be on file in the SWC Admissions & Records Office.
5. ____ **COPY** of high school diploma. If you do not have a copy of your diploma you may submit high school transcripts; if you do not have a high school diploma then a *G.E.D. equivalency is required before applying*. Note: a copy of a U.S. college degree or transcripts may be submitted in lieu of high school diploma. **(All foreign degrees/diplomas must be evaluated by an agency prior to applying).**
6. ____ **COPY** of Social Security Card (card must be signed)
7. ____ **COPY** of Driver's License/State ID
8. ____ **COPY** of CPR certification – Basic Life Support Provider/Healthcare Provider from the American Heart Association (card must be signed). This is the **ONLY** acceptable CPR card.
9. ____ **COPY** of Student Education Plan (SEP). SEP must be program specific and preferably dated within 6 months at time of application.
10. ____ **COPY** of processed Prerequisite Evaluation Request for Program Enrollment Form, if applicable. **This form must be completed only if prerequisites and other general requirements for nursing were not taken at SWC.** If you have taken AP courses in high school and passed the AP Exam with a score of 3 or higher, you may use AP Exam scores to clear program prerequisites. To clear prerequisites, submit form via the Prerequisite Office located at the Cesar Chavez One Stop Building on the main campus in Chula Vista.
11. ____ **COPY** of physical exam/immunization forms. Forms can be downloaded from nursing website at www.swccd.edu/nursing The dates documented on the forms **MUST** match your immunization records and/or titers (lab work results). Review the information filled out by your healthcare provider for accuracy and completeness (i.e. dates, signatures, and stamps).



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12. _____ **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
 - 2-Step Intradermal TB Mantoux Test OR Titers (Quantiferon TB) OR if TB positive, a chest x-ray within 5 years
13. _____ **MAKE COPIES** of all documents before you submit them to the Nursing Programs Office.
THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.



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PROGRAM INFORMATION

The Surgical Technology Program prepares the student to function in operating rooms under the direct supervision of physicians and nurses. Surgical technologists assist in scrubbing and with the surgical procedures. Most work settings are in hospital operating rooms, emergency rooms and out-patient surgical clinics. Salaries in the San Diego area range from \$42,000 to \$54,000 per year to start.

The Surgical Technology Program is three semesters: fall, spring, and summer. Prospective students may apply for the program after completing all the pre-requisite courses listed below. G.P.A. for prerequisites and previous healthcare experience will be considered during the program admission process.

REQUIRED PRE-REQUISITE COURSES:

- | | | | |
|---|---|------------------------------|---------|
| ◆ | Biol 190 | Human Anatomy and Physiology | 4 units |
| | | - OR - | |
| ◆ | Biol 260 | Human Anatomy | 4 units |
| ◆ | Medop 230 | Medical Terminology | 3 units |
| ◆ | College-level Reading (Reading 158 or proficiency on assessment test) | | |
| ◆ | High school graduation in the U.S., GED or degree from a U.S. accredited college. | | |

The program accepts 20 students every fall semester. We do not accept applications unless they contain **ALL** requested documentation and prerequisites (see application checklist).

If you are interested in obtaining an Associate in Science Degree for this program, we suggest making an appointment with Academic Counselor to review the courses needed for a degree in Surgical Technology. Students have the option of completing a certification or degree.

COST:

The cost of the surgical technology program is currently estimated to be about **\$2,900 - \$3,060**. The greatest direct expense is at the beginning of the first semester. Textbooks, enrollment fees, material fees, malpractice insurance and uniforms are the major cost items.

Complete applications are accepted in person or US Mail ONLY and sent to SWC Higher Education Center, Otay Mesa, Nursing & Health Occupation Programs, 8100 Gigantic Street San Diego, CA 92154 Office 4502. Once application packet is submitted, it becomes our sole property. **Please make copies of your records prior to applying.** All interested applicants must apply during the annual application period.



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APPLICATION

SWC ID # _____

(Required at time of application)

Last Name: _____ First Name: _____ Middle: _____

(If no middle name use NMN)

Previous/Maiden Name: _____ Social Security Number: _____ U.S. Citizen? Yes ☐ No ☐

(If not applicable, indicate with N/A. Important if your records reflect a name different from above)

Birth City: _____ Birth State: _____ Birth Date: _____

(Required by the Board of Registered Nursing)

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

Phone: _____ Alternate Phone: _____ SWC Email Address: _____

(All program communications will be via SWC email)

High School or GED location: _____ Graduation Year: _____

Have you previously applied to this program? Yes ☐ No ☐ If yes, when? _____ Are you fluent in any language(s) other than English? Yes ☐ No ☐ If yes, list: _____

Prerequisites must be completed at time of application.

G.P.A. for prerequisites and previous healthcare experience will be considered during the program admission process.

Recency: Anatomy within the past 10 years. Only ONE repeat of ONE science course is allowed to apply.

If science classes "expired," then course(s) must be repeated and the new grade(s) will be used when applying to the program.

PREREQUISITES COURSES	Course Number	No. of Units	Lab Course		Year Completed	Name of College	Letter Grade Received
			Yes	No			
Bio 190 Anatomy & Physiology OR Bio 260 Anatomy							
Medop 230 Medical Terminology							
College-level Reading (Reading 158 or proficiency on assessment)							



**SOUTHWESTERN COLLEGE
SURGICAL TECHNOLOGY PROGRAM**

APPLICATION

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

☐ RN ☐ Associate Degree ☐ Orderly ☐ LVN/PN ☐ EMT/Paramedic ☐ Certified Nurse Assistant
☐ Baccalaureate ☐ Corps School ☐ Other: _____

Name of School: _____ City and State: _____ Enrolled from: _____ to _____

Date graduated: _____ month/year month/year

PREVIOUS WORK EXPERIENCE IN HEALTHCARE

<u>Agency</u>	<u>Position</u>	<u>From</u>	<u>To</u>

DO YOU HAVE A HOSPITAL SPONSOR? ☐ Yes ☐ No (If yes, provide information in the space below)

<u>Name of Agency</u>	<u>Contact Person</u>	<u>Email</u>	<u>Phone Number</u>



**SOUTHWESTERN COLLEGE
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APPLICATION

COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age: _____					
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino Asian or Pacific Islander <input type="checkbox"/> Caucasian					
<input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Unknown <input type="checkbox"/> Other:					
Education - Highest Level Completed:					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					

All students will be notified via email regarding program admission.

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

Important: If you have a change in address, phone number or email, you must contact the Nursing Office by sending an 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 & Health Occupation Programs Office 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: _____ P