



SOUTHWESTERN COLLEGE CENTRAL SERVICE 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** Central Service 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 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).**
4. ____ **COPY** of Social Security Card (card must be signed)
5. ____ **COPY** of Driver's License/State ID
6. ____ **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.
7. ____ **COPY** of Student Education Plan (SEP). SEP must be program specific and preferably dated within 6 months at time of application. SEP's dated over one year will not be accepted.
8. ____ **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).
9. ____ **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
10. ____ **MAKE COPIES** of all documents before you submit them to the Nursing & Health Occupation Programs Office.
THE OFFICE WILL NOT MAKE COPIES ONCE DOCUMENTS HAVE BEEN SUBMITTED.



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PROGRAM INFORMATION

The purpose of the Central Service Technology Program is to train entry level workers in proper sterilization of surgical instruments and handling of medical equipment. Central Service Technicians work primarily in the Sterile Processing Department (SPD) or Central Service Department. A technician works with medical supplies, equipment and/or processing of surgical instruments. Upon satisfactory completion of the program, the student is eligible for a Southwestern College Certificate of Achievement and to take the International Certification Exam (IAHCSMM).

The course covers introduction to central service. Topics include microbiology, aseptic technique, disinfection, decontamination, sterilization, and wrapping/packaging of surgical instruments; review of body systems and surgical instruments; medical terminology, safety, risk management, regulations, inventory management, ethical responsibilities, and communication skills. Laboratory experience supports the introduction to the hospital Central Supply Unit and the role of the Central Supply Technician.

The salary of a Central Service Technician ranges from \$16.00 to \$25.00 per hour and varies by experience. Here is an interesting YouTube video of what a Central Service Technology career consists of.

<http://www.youtube.com/watch?v=p6AIK5JDYIY>

CENTRAL SERVICE TECHNOLOGY PROGRAM DOES NOT HAVE PRE-REQUISITE COURSES

It is a program requirement that the student can communicate effectively in the English language (comprehension, verbal and writing skills). This is based on requirements from the clinical facilities as English is the working language in San Diego healthcare facilities.

The program consists of **three courses**. Each course is nine-weeks in length (for a total of 27 weeks) and is limited to 20 students per course.

- **ST 10A** is generally offered two evenings a week (Tuesdays & Thursdays) 5:45 – 9:35 p.m. and Saturdays 8:00 – 11:50 a.m. for nine-weeks.
- **ST 10B & ST 10C** courses are two hundred hour labs. All hours will be arranged with the instructor.

The program accepts 20 students per cohort, fall semester only. We do not accept applications unless they contain **ALL** required documentation (see application checklist). All **accepted** students are expected to meet on the first day of class. Accepted students who fail to attend class will be dropped and may re-apply for the next available application period.

COST:

The cost of the program is currently estimated to be approximately \$800. The greatest direct expense is at the beginning of the first semester. Textbooks, enrollment fees, material fees, malpractice insurance, ADB/Complio fees, 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.

SUBMITTING AN APPLICATION DOES NOT GUARANTEE ENTRY INTO THE PROGRAM



**SOUTHWESTERN COLLEGE
CENTRAL SERVICE TECHNOLOGY PROGRAM**

APPLICATION

SWC ID # _____
(Required at time of application)

Last Name:		First Name:		Middle:	
				<i>(If no middle name use NMN)</i>	
Previous/Maiden Name:		Social Security Number:		Birth Date:	
<i>(If not applicable, indicate with N/A. Important if your records reflect a name different from above)</i>					
Address:		City:		State:	Zip Code:
Phone:	Alternate Phone:		SWC Email Address:		
			<i>(All program communications will be via SWC email)</i>		
High School or GED location:		City:		Graduation Year:	
Have you previously applied to this program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?					
Have you had any formal education in a healthcare occupation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list below.					

PREVIOUS WORK EXPERIENCE IN HEALTHCARE

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



**SOUTHWESTERN COLLEGE
CENTRAL SERVICE TECHNOLOGY PROGRAM**

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/ 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	
Additional Languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages spoken at home: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese including dialects <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:_____	
Age at time 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	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

All students will be notified via email regarding program admission after the application period closes.

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: _____