SOUTHWESTERN COLLEGE
SURGICAL TECHNOLOGY PROGRAM

Applicants Full Name: _____

APPLICATION CHECKLIST

In order to apply all documentation listed below must be submitted. This Checklist must accompany application.
Make copies of entire application for your records, including physical exam/immunization forms, prior to applying.

Submit complete application packet in person or U.S. Mail ONLY to:
Southwestern College Higher Education Center, Nursing & Health Occupation Programs, 8100 Gigantic Street, Room 4502, San Diego, CA 92154.

Please initial each item below (indicating you have read, completed, and submitted each with application packet).

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 or transcript, GED certificate or proof of a *higher degree. **(If you have completed High School outside of the United States, your diploma/degree transcripts must be evaluated by a credentialing evaluations service prior to applying.** Applicants may use Southwestern College approved services listed at www.naces.org). *Higher degree accepted is bachelor degree or higher as proof of high school equivalency. Associate degree cannot be used as proof of high school equivalency.

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 (Hardcopy of card must be signed; E-card does not need to be signed). This is the ONLY acceptable CPR card.

9. _____ **COPY** of Personal Statement: *How do you envision yourself as a Surgical Technologist?* Points will be given if complete. Refer to Point System Grid on the Surgical Technology Program webpage at www.swccd.edu/nursing

10. _____ **COPY** of Student Education Plan (SEP). SEP must be program specific and dated within 1 year at time of application. Schedule an appointment with an Academic Counselor to create your SEP by contacting the Counseling Department (main campus at Chula Vista) or Student Services (Centers located at Otay Mesa, National City or San Ysidro).

11. _____ **IF APPLICABLE**, **COPY** of processed Prerequisite Evaluation Request for Program Enrollment Form. ==This form must be completed only if program prerequisites and other general requirements for nursing were <u>not</u> 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 to the Prerequisite Office located at the Cesar Chavez One Stop Building on the main campus in Chula Vista

12. _____ **COPY** of physical exam/immunization forms. Download forms from nursing website at www.swccd.edu/nursing The dates documented on forms MUST match your immunization records and/or titers (lab work results). Review information filled out by your healthcare provider for accuracy and completeness (i.e. dates, signatures, and stamps).

13. _____ **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 shot (within 10 years at time of application)
    - Seasonal flu shot
    - 2-Step PPD (two negative TB skin tests) <u>OR</u> one blood test for TB infection. **If TB test is positive, a chest x-ray is required**. Proof of positive TB is required for Chest X-ray to be valid. **Chest x-ray results must be dated within five years.**

14. _____ **IF APPLICABLE**, submit verification of the following (refer to Surgical Technology Program Point System Grid):
    - Completion of Central Sterilization Program and/or Sterile Processing Certification (15 points)
    - Proof of college degree (5 points)
    - Previous experience in healthcare: working in any discipline in healthcare OR volunteer experience at a healthcare facility (20 points maximum)

15. _____ **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.

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. Students will be admitted using a point system (refer to the Point System Grid on the Surgical Technology Program webpage at www.swccd.edu/nursing)

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

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

If you are interested in obtaining an Associate in Science Degree for this program, schedule 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. Submit applications to: SWC Higher Education Center at Otay Mesa, Nursing & Health Occupation Programs, 8100 Gigantic Street San Diego, CA 92154 Office 4502. Once application packet is submitted, it becomes the departments' 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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PROGRAM 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: _____

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

Phone: _____ Alternate Phone: _____ SWC Email Address: _____
(All program communications will be via SWC email. Sample email: yz0123456@swccd.edu*)*

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 <u>must</u> be completed at time of application.
G.P.A. for prerequisites and previous healthcare experience will be considered during the program admission process.

PREREQUISITES COURSES	Course Number	No. of Units	Lab Course Yes	No	Year Completed	Name of College	Letter Grade Received
Biol 190 Anatomy & Physiology **OR** **Biol 260** Human Anatomy							
Medop 230 Medical Terminology							

Do you have a degree (any major)? ☐ **Yes** ☐ **No** If yes, provide proof of degree with application to receive points.

Have you completed a Central Sterilization Program and/or obtained a Sterile Processing Certification? ☐ Yes ☐ No If yes, provide proof of program completion or a copy of certification with application.

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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 _____

                                                                            month/year   month/year

Date graduated:_____

Do you have work or volunteer experience in healthcare? ☐ Yes ☐ No If yes, provide documentation such as a letter from employer (i.e. HR department) on company letterhead to verify years worked and/or volunteered.

PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE IN HEALTHCARE

Agency	Position	From	To

SOUTHWESTERN COLLEGE
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COMPLETE FOR STATISTICAL PURPOSES ONLY:

Gender: ☐ **Male** ☐ **Female** ☐ **Age:** _____	

Ethnicity: ☐ African-American ☐ American Indian ☐ Filipino ☐ Non-Filipino Asian or Pacific Islander ☐ Caucasian

☐ Hispanic ☐ Middle Eastern ☐ Unknown ☐ Other:

Education - Highest Level Completed: _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Separated**

U.S. Citizen? ☐ **Yes** ☐ **No**

> **All requirements and documentation must be completed in full and submitted to Nursing & Health Occupation Office to be considered for admission. All students will be notified via SWC email regarding program admission after the application period closes and all applications have been reviewed.**

To the best of my knowledge, the above information is true and correct. Failure to disclose accurate information may result in candidate not being accepted into our program and/or to continue in said program.

Important: If you have a change in address or phone number, you must contact the Nursing & Health Occupation Programs Office by calling (619) 482-6352. **Your admission status will be compromised if we are unable to reach you by your SWC email address.** 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: _____**P**