

This program is designed for students interested in a career in Nursing. Completion of the course is valued high on the points system for entrance into the Associate Degree Nursing and the Vocational Nursing programs. Completion of this course confers eligibility to take the State Certification exam for CNA. CNAs are employed by hospitals, skilled nursing facilities and other health care agencies. The course content includes fundamental procedures to meet basic needs of patients, gathering data about the patients, communicating appropriately and other content required by State regulations for nurse assistant certification. *The CNA course is repeatable only once, and attendance to *all* class meeting days is mandatory. Reading 56 or higher is recommended.

Costs involved are for textbooks, parking, and enrollment fees (\$46 per unit). Students will be required to purchase malpractice insurance (\$13.) and complete background check and drug screening (\$60-\$75). Transportation to the campus and the health care agencies is the student's responsibility. Students are required to wear maroon colored scrubs with white shoes. The total cost of the program is estimated to be approximately \$750.

Enrollment is restricted to students who have applied within the appropriate application period through the Nursing Department and have been accepted. The program accepts 30-40 students plus alternates (if potential students from the accepted group are unable to participate). All <u>accepted</u> students must attend orientation and meet on the first day of class at 8:00 a.m. Accepted students who fail to meet the first class <u>will be dropped</u> and will have to re-apply for the next available session – alternates will replace them. Class absences may result in the student being dropped from the program.

All applications may be submitted <u>in person or faxed</u> at the Nursing Office (8100 Gigantic Street San Diego, CA. 92154, Room 4401 Fax No. (619) 216-6603). Applications will <u>only</u> be accepted during the times specified on the application period. Do not drop your applications <u>before</u> the 9:00 a.m. start time as your application will <u>not</u> be accepted.

Applications are accepted on first come, first served basis; based on computer time stamp. The first 30-40 applicants with a complete file will be accepted. All accepted students will be notified via email. Please note that the Hepatitis B series must have a minimum of 2 of the 3 required injections (or tested seropositive) and the 2 step TB Test must have 2 PPD tests to be considered completed.

APPLICATION PERIODS

- > SPRING I (January to March)
 - October 20, 2014 at 9:00am October 24, 2014 by 11:00am
 - o 9 weeks; 4 days per week
- > SPRING II (March to May): TBA

All admitted students will be notify via email

STATE CERTIFICATION:

After successful completion of the nursing assistant training program you are eligible to apply for the California State Department of Health Services certification exam. The exam is administered on campus and the current fee is \$90 (subject to change).

Nursing: http://www.swccd.edu/index.aspx?page=101 email: nursing@swccd.edu



Last Name:	First Name:	Middle:	
		If no middle name use NMN	
Previous Name/Maiden Name:			
Important if your records reflect a name differen	t from above		
	D' 4 D	awa ib "	
Social Security Number:	Birth Date:	SWC ID #	
(Required by the Department of Health Services)	(Required at time of application)	
Address:	City:	State: Zip Code:	
Ph#: Cell#:	*Email Addre	ss:	
	(*must provid	e valid email address)	
COM	MPLETE FOR STATISTICAL PURPOSI	S ONLY:	
Gender: Male Female			
Ethnicity: African-American An	nerican Indian 🔲 Filipino 🔲 Non-Filipino	Asian or Pacific Islander Caucasian	
Hispanic Unknown Other			
Disclosure: All pr	rospective enrollees will be screened for previously re-	voked or denied certification	
Disclosure. All pr	ospective enionees will be screened for previously to	oked of defined certification.	
If you have concerns about prior conviction	ns of a crime or misdemeanor, you may contac	t the State Department of Health Services at	
(916) 327-2445 or in writing to 1615 Capito	l Avenue, MS 3301 Sacramento, CA 94234-73	20	
		nd accurate. I understand that falsification of any	
information on this application may be cause fo	r non-selection or dismissal from the program.		
Important: Once your application is submitted to	our office, it becomes sole property of the Nursing De	partment. If not accepted into the program, you may pick	
up your application within the first 30 days after application date. After 30 days, all non-accepted applications will be shredded. Please initial			
(indicating that you have read this statement).			
Applicant Signature:		Date:	
For Official Use Only Application Packet Complete Verified Social Security Card Date application received:			
Application I acket Complete Veri	Date appli	ation received.	

8100 Gigantic Street • San Diego, CA • 92154 (619) 482-6352 Office • (619) 216-6603 Fax

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Student Application Checklist

	You will need ALL of the following items at the time of application, please make copies of your records prior to applying
	Application
	Criminal Screening Form
	SWC ID Number (required at time of application)
	Copy of:
	 Social Security Card Driver's License/State ID CPR certification – Healthcare Provider from the American Heart Association High School Diploma/GED or high school transcripts Immunization card/record or titers (lab work)
□ P	hysical 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



CRIMINAL SCREENING FORM

Last Name:	First Name:	Middle:			
Social Security Number:	Birth Date:	SWC ID #			
Before answering the following	Before answering the following questions, you must review the Disqualifying Penal Code Sections				
Yes No IF YO 2. Do you have any pend Yes No 3. Have you ever been poservices? Yes No 4. Have you ever been con Yes No 5. Have you ever been really yes, what state?	convicted by any court of a crime, other U ANSWERED YES please read highling court cases related or applicable to reviously cleared of prior convictions convicted by any court of a crime, since evoked or denied certification for nursing as and/or completed a nursing as	shlighted area below. to the penal code sections? by the Department of Health e your last vehicle license renewal? sing assistant? Yes No			
*If you have answered "yes" to any of the above questions, you must clear or clarify your status with the Department of Health Services, Licensing and Certification Program <u>prior to enrolling in the nursing assistant course.</u>					
Expunged records or cases related to 1203.4 and or 1203.4a are required to disclose information.					
According to the Disqualifying Penal Code Section, any convictions of the penal codes listed, CNA applicants will automatically be denied certification, and therefore, enrollment in the nursing assistant program at Southwestern College will also be denied.					
I hereby certify that I have reviewed the list of Disqualifying Penal Code Section and that all statements made on this form are true and complete. Any false statements are subject to action pursuant to the Health and Safety Code 1337.8.					
Applicant's Signature	Date	4			
	Official Use Only				
□ Cleared	Registry IVRU Date Verification Revoked Denied Oate Verified By:	Other			



Disqualifying Penal Code Sections

If they have been convicted of any of the penal codes listed, CNA/HHA applicants will automatically be denied certification or ICF/DD, DDH, or DDN applicants will be denied employment.

All CNA/HHA applicants should review this list carefully to avoid wasting their time, effort and money by training, testing and submission of fingerprints since they cannot receive the required criminal background clearance if they have been convicted of any of these violations.

Section

187	Murder
192(a)	Manslaughter, Voluntary
203	Mayhem
205	Aggravated Mayhem
206	Torture
207	Kidnapping
209	Kidnapping for ransom, reward, or extortion or robbery
210	Extortion by posing as kidnapper
210.5	False imprisonment
211	Robbery (Includes degrees in 212.5 (a) and (b))
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation
222	Administering stupefying drugs to assist in commission of a felony
243.4	Sexual battery (Includes degrees (a) - (d))
245	Assault with deadly weapon, all inclusive
261	Rape (Includes degrees (a)-(c))
262	Rape of spouse (Includes degrees (a)-(e))
264.1	Rape or penetration of genital or anal openings by foreign object
265	Abduction for marriage or defilement
266	Inveiglement or enticement of female under 18
266a	Taking person without will or by misrepresentation for prostitution
266b	Taking person by force
266c	Sexual act by fear
266d	Receiving money to place person in cohabitation
266e	Placing a person for prostitution against will
266f	Selling a person
266g	Prostitution of wife by force
266h	Pimping
266i	Pandering
266j	Placing child under 16 for lewd act
266k	Felony enhancement for pimping/pandering
267	Abduction of person under 18 for purposes of prostitution
273a	Willful harm or injury to a child; (Includes degrees (a)-(c))
273d	Corporal punishment/injury to a child (Includes degrees (a)-(c))
273.5	Willful infliction of corporal injury (Includes (a)-(h))
285	Incest
286(c)	Sodomy with person under 14 years against will
	(d) Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
	(f) Sodomy with unconscious victim
	(g) Sodomy with victim with mental disorder or developmental or physical disability
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Rev: 7/17/14 SR



Section

288	Lewd or lascivious acts with child under age of 14
288a(c)	Oral copulation with person under 14 years against will
(d)	Voluntarily acting in concert with or aiding and abetting
(f)	Oral copulation with unconscious victim
(g)	Oral copulation with victim with mental disorder or developmental or physical disability
288.5	Continuous sexual abuse of a child (Includes degree (a))
289	Penetration of genital or anal openings by foreign object (Includes degrees (a)-(j))
289.5	Rape and sodomy (Includes degrees (a) and (b))
368	Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-(f))
451	Arson (Includes degrees (a)-(e))
459	Burglary (Includes degrees in 460 (a) and (b))
470	Forgery (Includes (a)-(e))
475	Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes
	degrees (a) - (c))
484	Theft
484b	Intent to commit theft by fraud
484d-j	Theft of access card, forgery of access card, unlawful use of access card
487	Grand theft (Includes degrees (a)-(d))
488	Petty theft
496	Receiving stolen property (Includes (a)-(c))
503	Embezzlement
518	Extortion
666	Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Certification of applicants with convictions on this list MAY be reconsidered by ATCS only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed by ATCS. ATCS 98-4 (4/02)

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