The Southwest Technical College Practical Nursing Program is a candidate for accreditation by the Accreditation Commission for Education in Nursing.

Dear Applicant,

We appreciate your interest in becoming part of the Practical Nursing Program at Southwest Technical College where we focus on your success. Southwest Technical College provides education and job skill training through individualized competency based programs in response to the needs of students, employers and the communities we serve, while exemplifying core values of respect, dignity and enthusiastic dedication. It is the mission of the Practical Nursing Program to facilitate the preparation of practice-ready nurses. These entry-level nurses will be prepared to provide quality, safe, patient-centered care to diverse populations in multiple settings by integrating the knowledge, skill, and professional behavior of a Licensed Practical Nurse, and by developing a personal commitment to the nursing profession.

The staff at Southwest Technical College are excited that you are interested in furthering your education with us. We look forward to assisting you in your journey. Please review the following guidelines with attached application forms and requirements to enter the program. Should you have any questions, please contact us at info@stech.edu, or (435) 586-2899.

Sincerely,

Southwest Technical College Nursing Faculty
Eligibility
This program is open to qualified adult students that meet the following program requirements:

- High school diploma or equivalent
- 3.0 Cumulative Grade Point Average
- Submit a completed Southwest Technical College Student Application (stech.edu/apply)
- Submit a completed Practical Nurse Program Application
- Complete the Pre-Admission Exam (PAX) with a composite score of at least 100. (The ATI TEAS test will also be accepted in lieu of the PAX. The TEAS composite score must be at least 70%.)
- Completion of all Prerequisite Courses (The following are listed by Southern Utah University course numbers, although other regionally-accredited universities’ equivalent courses may be accepted.):
  - BIO 2320 Anatomy
  - BIOL 2325 Anatomy Lab
  - BIOL 2420 Physiology
  - BIOL 2425 Physiology Lab
  - FLHD 1500 Human Dev

Requirements for Student Success
Southwest Technical College Practical Nursing values diversity in the students who wish to enter the profession of nursing. Students interested in entering the Practical Nursing Program must be aware of functional requirements, environmental factors, and psycho-social demands that must be met to be considered as a candidate for entry level into the nursing profession.

Functional requirements include, but are not limited to:

1. Must be able to independently push, pull, and lift a medically-fragile adult when positioning or transferring.
2. Must have the ability to palpate body structures and be able to differentiate and report subtle variations in temperature, consistency, texture, and structure.
3. Must be able to hear, identify, and distinguish subtle variations in body sounds (i.e. lung, heart and bowel).
4. Must be able to read, understand, and apply printed material which may include instructions printed on medical devices, equipment, and supplies.
5. Must be able to visually distinguish subtle diagnostic variations in physical appearance of persons served. An example would be "pale color."
6. Must be able to distinguish subtle olfactory changes in physical characteristics of persons served.
7. Must be able to walk and stand for extended periods of time.
8. Must possess the ability to simultaneously and rapidly coordinate mental and muscular coordination when performing nursing tasks.
9. Must be able to effectively communicate in English, in both written and verbal format.

Environmental factors include:

1. Protracted or irregular hours of work, varying 2-12 hours including days and evenings.
2. Ability to work in confined and/or crowded spaces.
3. Ability to work independently as well as with coordinated teams.
4. Potential exposure to harmful substances and/or hazards.

**Psycho-social demands include:**
1. Ability to maintain emotional stability during periods of high stress.
2. Ability to work in an emotionally-charged or stressful environment.

**CPR Certification**
Basic life support will be taught as part of the Practical Nursing program. Students will be certified by instructors before they begin clinical experiences.

**Immunizations**
Healthcare providers are required to have certain documentation to be able to practice in healthcare facilities (refer to the following list). Immunizations may be obtained at local immunization clinics or through private physicians. Evidence of immunizations is to be presented at time of registration. Your position in the nursing program may be forfeited if this paperwork has not been completed.

Required Documentation Includes:
1. Two tuberculosis skin tests done no sooner than seven days apart OR a negative Quantiferon Gold blood test. If there is a positive result, a chest x-ray and doctor clearance is required.
2. Two MMR vaccinations (measles, mumps, and rubella) or a positive titer.
3. Three doses of the Hepatitis B vaccine OR a reactive result on Hepatitis B blood test.
4. Documentation of a TDaP (tetanus, diphtheria, and pertussis) vaccination administered within the last 7 years.
5. Two varicella (chicken pox) vaccinations or a positive titer is required
6. Current seasonal flu vaccination received by Oct 31 during the program.

*Faculty will inform students if any other vaccinations become a requirement*
Criteria for Applying to Practical Nursing Program

1. Cumulative GPA of 3.0 on a 4.0 scale on all college courses.
2. Prerequisite Courses with no course grade less than a B-. Prerequisite courses must be taken from a regionally accredited university.

Once the above criteria have been met, you may submit the following:

1. A completed Southwest Technical College Student Application, done online at https://www.stech.edu/apply.
2. All college transcripts.
3. Complete the Pre-Admission Exam (PAX) with a composite score of at least 100. If taken at Southwest Technical College, the score will automatically be sent to the admission committee. (If you are submitting a TEAS score in lieu of the PAX, you must have a composite score of at least 70%. You must request ATI to send your TEAS score to Southwest Technical College.)
4. A complete and signed Practical Nursing Application, including the completed Goal Statement. (Unsigned applications will not be considered for admission to the Practical Nursing Program.)
5. Applicant’s three completed “Personal Evaluation Reference Forms” in sealed, signed envelopes or noted that the evaluator is mailing recommendation. It is the applicant's responsibility to make sure all three evaluation reference forms are received by Southwest Technical College Practical Nursing Department by the application deadline date.
6. Payment for the $40.00 Southwest Technical College Student Application Processing Fee.

Practical Nursing Applications must be **signed** and **submitted** to Southwest Technical College ON or BEFORE 4:00 PM, May 1, 2019 to be considered for the fall 2019 semester. Applications received after this deadline will not be considered for admission to the program. Applicants are notified of the committee’s decision by mail postmarked by May 31, 2019. Please submit applications to:

**Southwest Technical College Practical Nursing**

757 West 800 South
Cedar City, Utah 84720
APPLICATION CHECKLIST

Complete the following checklist and return it with your application. It is your responsibility to ensure that all items are completed. Please note that any missing information will render your file incomplete, and you will not be considered as a candidate for this program.

Please initial or write N/A on each of the following statements:

_____ I have fully completed the Southwest Technical College Student Application (stech.edu/apply)

_____ I have a cumulative college GPA which is at least 3.0.

_____ I have completed all Prerequisite Courses (from a regionally-accredited college or university) with a grade of ‘B-’ or better. NOTE: If you attended an out-of-state school, please do the following: 1) find the school’s accreditation status on its website and print; 2) go to the accrediting body’s website and print out the page that says the school is regionally accredited. Include these documents in your packet.

_____ I understand that Physiology must have been taken within the last 5 years.

_____ I understand that Prerequisite courses may not be taken more than three times.

_____ I understand that in order to receive a point for completing a degree, the degree must have been awarded from a regionally accredited college or university.

_____ I have submitted official transcripts from all of the colleges/universities where I originally completed Prerequisite Courses. Official transcripts may be submitted either by mail (please send Attn: Registrar) or in a sealed official envelope with my application. Transcripts not received by the application deadline, or which are opened, will render my file incomplete. NOTE: We will not accept high school transcripts for college credit. You will need to submit the official transcript from the college.

_____ I am submitting transcripts from another state and I have provided an official course description from the college where the course was completed. I understand I only need to submit course descriptions for the Prerequisite Courses I want accepted by Southwest Technical College.

_____ I understand that if Southwest Technical College will not accept my out-of-state Prerequisite Courses I may need to retake those courses and my application will be considered incomplete.

_____ I have included a copy of my current certification as a CNA, MA, EMT, or Phlebotomist (if applicable).

_____ I have completed the PAX exam with a composite score of at least 100. If I am submitting the TEAS test in lieu of the PAX, I understand that my composite score must be at least 70%. I understand that I must ask ATI to submit my TEAS score to Southwest Technical College.

_____ I have fully completed the Southwest Technical College Practical Nursing Application Form including the Professional Goal Statement and sealed Reference Evaluation forms.

_____ I understand that if accepted to the Southwest Technical College Practical Nursing program, I will be required to submit to a national criminal background check, drug screen, and sex offender check prior to registering for classes.

_____ I understand that if accepted to Southwest Technical College Practical Nursing program, I must enroll for classes prior to August 12, 2019.
I have initialed or placed N/A on every line of this application checklist. I understand that failure to provide the above information by the application deadline will render my file incomplete, and it will be returned.

Please be aware of the following:

- In order to be a licensed practical nurse in the State of Utah, the applicant must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony; treated for mental illness or substance abuse; have been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse; or may pose a threat to themselves, patients, clients, or to the public health, safety, or welfare because of any circumstances or conditions, should discuss their eligibility status with the Utah State Board of Nursing at the following telephone numbers: (801) 530-6628; (866) ASK-DOPL (toll free in Utah); (866) 275-3675

- Acceptance and completion of the Southwest Technical College Practical Nursing Program does not ensure eligibility to sit for the NCLEX - PN licensure exam.

- The Utah Board of Nursing makes the final decision on issue of license to practice in the State of Utah. If you have a record of convicted criminal actions it may affect your eligibility for admission to the Southwest Technical College Practical Nursing Program. Admission to the program is contingent upon submission of a satisfactory background check and random drug testing. If a background check reveals a history of convicted criminal actions you may be expelled from the Program.

Please include this form with your application. If you have questions concerning the application process, please contact the Southwest Tech Academic Counselor, at (435) 586-3946.

________________________________________________________
| Signature of Applicant | Date |

________________________________________________________
2019 SOUTHWEST TECHNICAL COLLEGE PRACTICAL NURSING APPLICATION
SECTION 1: STUDENT INFORMATION

Full Name: First/ Middle / (Maiden) / Last ____________________________________________

Home Address ________________________________________________________________

City, State, Zip ________________________________________________________________

Mailing Address (if different from above) __________________________________________

Email Address __________________________________ Date of Birth ____________________

Cell Phone __________________________ Home Phone ____________________________

Emergency Contact: Name ___________________ Phone ____________________________

Education: List high schools and/or colleges attended (beginning with high school). Degrees must be from a regionally-accredited college or university to be considered for application points.

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>Dates of Attendance</th>
<th>Degree?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any honors and special awards you have received throughout your education.

<table>
<thead>
<tr>
<th>Honor/Special Award</th>
<th>No.</th>
<th>Date of Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certified Nursing Assistant (CNA) Yes No Date of Expiration __________
Medical Assistant (MA) Yes No Date of Expiration __________
Emergency Medical Technician (EMT) Yes No Date of Expiration __________
Phlebotomist Yes No Date of Expiration __________

If “Yes”, please include a copy of current certification in your application to be awarded a point. Health Care Training (Must have current certification to be awarded point)
### Health Care Work or Health Care Volunteer Experience

List most recent work or volunteer experience first. If none, indicate by N/A.

May attach separate sheet if necessary.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address __________________________________________

Position ________________________________________ Supervisor _________________________

Job Description:  
_______________________________________________________________________________
_______________________________________________________________________________

Total months and/or years employed or volunteered: From – To (dates): ________________

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address __________________________________________

Position ________________________ Supervisor _________________________

Job Description:  
________________________________________________________________________________
________________________________________________________________________________

Total months and/or years employed or volunteered: From – To (dates): ________________
References

List the names of the three professional people who will be completing your reference evaluation forms. These must be people who are now or who have been your employer, supervisor, former instructor, or community leader. They must have known you for at least six months and cannot be related to you. You must have three reference forms returned in order to potentially receive the maximum three points.

Name _______________________________________________________________________________

Address _____________________________________________________________________________

Institution ___________________ Position ____________________________________

Name _______________________________________________________________________________

Address _____________________________________________________________________________

Institution ___________________ Position ____________________________________

Name _______________________________________________________________________________

Address _____________________________________________________________________________

Institution ___________________ Position ____________________________________
Applicant Name ______________________________

Please fill out the information below concerning your Prerequisite Courses. This will assist us in making sure all of your courses are accounted for. Be sure to transfer the exact grade, with a plus or minus as applicable. Please be aware that all grades will be verified using official transcripts.

All Prerequisite Courses must be completed with a grade of “B-” or better. Grades below “B-” are unacceptable. The cumulative GPA for all college courses must be 3.0 or higher. Physiology and Physiology Lab must have been taken in the past 5 years before applying. Prerequisite Courses may not be taken more than two times during the five years prior to application. Prerequisite Courses must be taken from a regionally-accredited college or university.

<table>
<thead>
<tr>
<th>Prerequisite course Title</th>
<th>School</th>
<th>Year</th>
<th>Semester</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2320 Human Anatomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2325 Human Anatomy Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2420 Human Physiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 2425 Human Physiology Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLHD 1500 Human Development Across the Lifespan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that providing false or misinformation regarding the grades I received in any of the Prerequisite Courses may render my application incomplete.

Signature of Applicant ____________________________ Date _______________
2019 SOUTHWEST TECHNICAL COLLEGE PRACTICAL NURSING APPLICATION
SECTION 3: PROFESSIONAL GOAL STATEMENT

Write a statement of your professional goals. Scoring is based on the following criteria:
The statement must be typed; handwritten statements will not be accepted. Please attach a
separate statement that must be a minimum of 150 words and a maximum of 200 words. Count
carefully!

2019 SOUTHWEST TECHNICAL COLLEGE PRACTICAL NURSING APPLICATION
SECTION 4: PERSONAL REFERENCE EVALUATION FORMS

Applicants must obtain personal reference evaluations from the three references listed in
Section 1 of the application. Make copies of the next six pages, complete the first section, and
deliver to your references. The evaluator must return the forms in a sealed, signed envelope to
the applicant, or mailed directly to Southwest Technical College. The applicant is responsible to
make sure all three reference forms are received by Southwest Technical College Practical
Nursing Department by the application deadline date.

Practical Nursing Applications must be signed and submitted to Southwest Technical College ON or
BEFORE 4:00 PM, May 1, 2019 to be considered for the fall 2019 semester. Applications received after
this deadline will not be considered for admission to the program. Applicants are notified of the
committee’s decision by mail postmarked by May 31, 2019. Please submit applications to:

Southwest Technical College Practical Nursing
757 West 800 South
Cedar City, Utah 84720
TO THE EVALUATOR: Please complete the remainder of this document. The above-named applicant has chosen you as a reference in support of an application for the Practical Nursing program at Southwest Technical College. This is based on the understanding that you have known the applicant for at least six months. We are particularly interested in your appraisal of the applicant’s abilities and potential for further education. Please take a few moments to complete this form and the following pages. When complete, please seal the forms in an envelope, sign the seal, and (1) return the envelope to the applicant or (2) send the envelope to Southwest Technical College addressed as follows:

Southwest Technical College Practical Nursing
Attention: Application for (Student name)
757 West 800 South
Cedar City, Utah 84720

Thank you,
Mary Beth Larsen, MSN RN
Director of Nursing and Health Professions
Evaluator’s Signature ___________________________________________ Date __________________

Title ____________________________________________________________

Institution _________________________________________________________

Address ___________________________________ City, State, Zip ______________________________

Phone ____________________

Length of time you have known Applicant ______________________________

Capacity in which you have known Applicant __________________________

-----------------------------------------------------------------------------------------------------------------------------

Instructions: The following questions or statements identify a variety of traits, skills, attitudes, etc. Please indicate the degree to which each quality is characteristic of the candidate you are rating by reading the statement carefully, reading the points on the scale, and circling the number of your choice on the scale. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

<table>
<thead>
<tr>
<th>Problem Solving: Ability to identify and solve problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 Unable to Assess</td>
</tr>
<tr>
<td>Poor Average Excellent</td>
</tr>
<tr>
<td>Comment:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

SOUTHWEST TECH PRACTICAL NURSING - PERSONAL REFERENCE EVALUATION (Cont.)
**Attitude:** Outlook projected towards life, school, job, etc.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Comment:</td>
<td>Average</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stress / Anxiety:** Deals with stressful, anxiety-producing situations

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Comment:</td>
<td>Average</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Motivation / Accountability:** Extent to which individual applies self and is accountable

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Comment:</td>
<td>Average</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appearance: Extent to which standards of appearance are met

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
<td>Average</td>
<td></td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

### Health: Extent to which health or physical disability affects performances

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
<td>Average</td>
<td></td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

### Communication Skills: Ability to communicate with peers, coworkers, teachers, etc.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
<td>Average</td>
<td></td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
**Integrity:** Extent to which the candidate displays an ethical code

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interpersonal Relationships:** Ability to cooperate and get along with peers, coworkers, teachers, employees, etc.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In summary, please indicate the degree to which you support this applicant for study in practical nursing:

☐ I strongly support this applicant
☐ I support with reservation. Please indicate your concerns in the comments section below.
☐ I do not support this applicant. Please indicate your concerns in the comments section below.

Comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Once completed, please seal the forms in an envelope, sign the seal, and (1) return the envelope to the applicant or (2) send the envelope to Southwest Technical College as follows:

Southwest Technical College Practical Nursing
Attention: Application for (Student name)
757 West 800 South
Cedar City, Utah 84720

(Unsigned envelopes will not be accepted.)