

Foreign Nurse Graduate (FNG) Program Application Checklist

REMINDERS:

- ✦ All applicants must have a Glendale Community College (GCC) ID number. If you do not have a GCC ID number, visit www.glendale.edu/apply.
- ✦ All applications will be accepted via email only to gcnursing@glendale.edu.
- ✦ Incomplete applications with missing documents will not be processed. Any supporting documents received after the deadline will result in your application being delayed to the next application process.
- ✦ The department will not accept any documents that are not listed on the checklist. Personal statements, letters of recommendation, verification of employment and/or volunteer hours cannot be accepted and will be discarded.
- ✦ **Include all attachments together in one email sent to gcnursing@glendale.edu.**
Use Subject line: **LastNameFirstName_FNG_ApplicationPacket**

1 CHECKLIST & APPLICATION

File name format: [LastNameFirstName_FNG_Application](#)

Initial Here

Send the Checklist and Application (pages 1-4) via email to gcnursing@glendale.edu.

2 SOCIAL SECURITY CARD (SSN) or INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) and PHOTO ID

File name format: [LastNameFirstName_FNG_SSID](#)

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Possession of an SSN or ITIN is required by the California State Board of Registered Nursing for licensure. Send a copy of your SSN/ITIN card and a government-issued photo ID together on the same page via email to gcnursing@glendale.edu. See sample image of this requirement.



Acceptable forms to verify SSN/ITIN (Only one needed from below)

- ✦ SSN/ITIN card, W-2 form, or most recent tax return

Acceptable forms to verify govt.-issued Photo ID (Only one needed from below)

- ✦ Driver's License, State ID, or Passport

3 CALIFORNIA BOARD OF REGISTERED NURSING (BRN) LETTER

File name format: [LastNameFirstName_FNG_BRN](#)

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Submit a copy of your official letter from the BRN identifying deficiencies for licensure.

4 COPY OF FOREIGN NURSING TRANSCRIPT

File name format: [LastNameFirstName_FNG_Transcript](#)

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Submit a copy of your official transcript showing completion of Nursing courses out of the United States

5 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214)

If you are a veteran of the US Armed Forces, include a copy of your DD-214 as proof of honorable discharge via email to gcnursing@glendale.edu.

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File name format: [LastNameFirstName_FNG_DD214](#)

I have read the 2-page checklist and have included all the required documents with my nursing application packet. I understand that falsification, omission, or incorrect information will result in disqualification.

Printed Name

Signature

(/ /20)
Date



Foreign Nurse Graduate (FNG) Program APPLICATION

All communication, including letters and other notifications, will be made via email from gcnursing@glendale.edu. It is your responsibility to regularly check your email. Please notify the department of any changes in personal information.

PERSONAL INFORMATION

Glendale Community College ID Number <small>If you do not have a GCC ID#, visit www.glendale.edu/apply</small>	Preferred Email Address <small>PRINT LEGIBLY - This is how the department will be contacting you</small>		
Social Security Number / ITIN	Date of Birth (MM/DD/YYYY)		
Last Name (As shown on govt. ID)	First Name (As shown on govt. ID)	Middle Name (if applicable)	
Previous Names	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____		
Street Address	City	State	Zip

DEMOGRAPHIC INFORMATION (For statistical purposes only as required by the state of California)

1.	<input type="checkbox"/> Asian (not Filipino)	<input type="checkbox"/> Filipino	<input type="checkbox"/> White Non-Hispanic
2.	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other Non-White
3.	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Unknown/Non-Respondent
Language(s) Spoken in the Home	Ethnicity		

ACADEMIC HISTORY

1. Prerequisite Information:

	Semester & Year Completed	Institution	Course Name & Number	Semester Units	Grade
Freshman English <small>(ENGLISH 101: 3 units)</small>					

2. In which country did you complete your Nursing Education? _____

3. In what countries outside the United States are you licensed? _____

WORK EXPERIENCE

1. Have you worked in any capacity in health care abroad? Yes No
If YES, please complete the information below:

Clinical Area _____ Country _____

Years of Employment _____

Responsibilities:

2. Have you worked in any capacity in health care in the United States? Yes No
If YES, please complete the information below:

Clinical Area _____ Location _____

Years of Employment _____

Responsibilities:

3. Have you been employed in areas outside of health care in this country? Yes No
If YES, please describe:

SIGNATURE

By signing my name below, I understand and agree to the following:

My application is complete and accurate.

- All the information I have provided is true.
- If I miss any deadlines, or fail to provide documents, my application might be delayed to the next period.
- If I leave out or falsify any information, my application will not be considered.

The California Board of Registered Nursing (BRN) regulates Glendale Community College (GCC).

- The BRN can deny licenses for things like crimes, dishonesty, or fraud.

Background Check

- After being accepted, I'll need a fingerprint-based background check (Livescan).
- I understand that my results may impact my eligibility to start the program because GCC has to follow clinical safety regulations set by their clinical partners.
- If I have concerns about my record, I'll talk to the Nursing Program Director and provide paperwork that any charges (like misdemeanors or felonies) have been resolved.
- If I don't disclose my records before the fingerprint results come in, I will be immediately dismissed from the program and ineligible to return.

Drug Screening

- After being accepted, I'll need a drug test.
- I understand that my results may impact my eligibility to start the program because GCC has to follow clinical safety regulations set by their clinical partners.
- If I have concerns about any medication that could create a false positive, I'll talk to the Nursing Program Director and provide documentation.
- If I don't disclose any issues before the drug test come in, I will be immediately dismissed from the program and ineligible to return.

Health Requirements

- I understand that I will need to meet all health requirements (ex: physical examination, laboratory tests, drug screening, background checks, and immunizations) to meet clinical safety.
- I understand that I must be free of communicable diseases, infections, psychological disorders, physical limitations or any condition which would interfere with successful performance of any required responsibilities. Any condition which is developed by the student after admission to the program may warrant further clearance and dismissal from the program. I understand that my clearance results may be made available on a confidential basis to the facilities where I will be completing my clinical rotations.

Transcripts

- GCC will review my transcripts to ensure my courses match their requirements. If not, I'll retake those courses before reapplying.

Future Consideration

- If I'm not accepted this time, I'll email the Nursing Department to stay on the list for the future.
- If I don't respond by their deadline, my file will be destroyed.

Print and sign your full name below to confirm you've read all the disclosures.

Signature

Print Name

(/ /20)

Date