



# FNG PROGRAM APPLICATION

SUMMER / FALL 2024



SUMMER/FALL 2024

# APPLICATION TIMELINE

All documents should be submitted via email to  
[gcnursing@glendale.edu](mailto:gcnursing@glendale.edu)

## FEBRUARY 15

First day applications can be accessed  
and submitted via email to  
[gcnursing@glendale.edu](mailto:gcnursing@glendale.edu)

## MARCH 1

Last day to submit application &  
supporting documents. All documents  
should be submitted via email to  
[gcnursing@glendale.edu](mailto:gcnursing@glendale.edu)

## MAY 1

Selected applicants will be scheduled to  
meet with the Associate Dean

## MAY 31

Final selection letters sent via email



## JUNE 17

Summer Intersession begins

## JUNE 2024

Mandatory in-person orientation for  
those selected for Summer/Fall  
2024

## 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](http://www.glendale.edu/apply).
- ✦ DO NOT submit any documents in person as there is no designated person on campus to receive them. All applications will be accepted via email only to [gcnursing@glendale.edu](mailto:gcnursing@glendale.edu) no later than **March 1, 2024** in order for your application to be considered for Summer/Fall 2024.
- ✦ 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](mailto:gcnursing@glendale.edu).**  
Use Subject line: [LastNameFirstName\\_F2024\\_ApplicationPacket](#)

## 1 CHECKLIST & APPLICATION

File name format: [LastNameFirstName\\_F2024\\_Application](#)

Initial Here

Send the Checklist and Application (pages 3-8) via email to [gcnursing@glendale.edu](mailto:gcnursing@glendale.edu).

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

File name format: [LastNameFirstName\\_F2024\\_SSID](#)

Initial Here

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](mailto: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 OFFICIAL TRANSCRIPTS

I will submit one (1) official transcript showing completion of English 101 in the United States.

Initial Here

**How to send official transcripts:** Do not send transcripts to Admissions & Records. This could result in your application being delayed to the next application period. Use one of the following options to submit your transcripts to the Department of Nursing:

1. **Electronic Transcripts (preferred method):** When requesting electronic transcripts, use [gcnursing@glendale.edu](mailto:gcnursing@glendale.edu) as the Intended Recipient. Request these to be sent prior to submitting your application.

If you are unable to enter a specific email address as the Intended Recipient, follow the instructions for paper transcripts;

Set Delivery Destination

Your order will be sent from Los Angeles Valley College to the individual and/or organization at the destination below.

Where would you like to send the credential?  Search

I'm sending to myself or another individual

**3**  
(continued)

**2. Paper transcripts:** Request official transcripts to be sent to your home. Do not open them so that they remain official. Submit all official paper transcripts together in one envelope by mail (FedEx, UPS, USPS, etc.) to

**Glendale Community College**  
**ATTN: Department of Nursing**  
**1500 N. Verdugo Rd**  
**Glendale, CA 91208**

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**4 CALIFORNIA BOARD OF REGISTERED NURSING (BRN) LETTER**

File name format: [LastNameFirstName\\_F2024\\_BRN](#)

Initial Here

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

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**5 COPY OF FOREIGN NURSING TRANSCRIPT**

File name format: [LastNameFirstName\\_F2024\\_Transcript](#)

Initial Here

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

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

Include a copy of your DD-214 as proof of honorable discharge via email to [gccnursing@glendale.edu](mailto:gccnursing@glendale.edu).

File name format: [LastNameFirstName\\_F2024\\_DD214](#)

Initial Here

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

Date

( / /2024)



# Foreign Nurse Graduate (FNG) Program Summer/Fall 2024

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

## PERSONAL INFORMATION

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

## 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
<b>Language(s) Spoken in the Home</b>	<b>Ethnicity</b>		

## ACADEMIC HISTORY

1. Prerequisite Information:

	Semester & Year Completed	Institution	Course Name & Number	Semester Units	Grade
<b>Freshman English</b> <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 \_\_\_\_\_

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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 \_\_\_\_\_

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

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## SIGNATURE

My signature below indicates that I have thoroughly read and completely understand all instructions that accompany this entire application. All the information I have provided is true and correct. I understand that failure to complete these required steps, such as inability to comply with deadlines or inability to provide requested documents could result in my application being delayed to the next application period. I understand that omission or falsification of any documents will result in my application being discarded and not considered for eligibility or selection into the Nursing Program.

I understand that Glendale Community College (GCC) is regulated by the California Board of Registered Nursing (BRN) and the BRN may deny a license regulated by the Business and Professional Code, Section 480, on such grounds as: conviction of a crime, acts of dishonesty, fraud or deceit.

I understand that after being selected into the program, I must complete a background screening by means of fingerprinting. If I have concerns, I will disclose these issues to the Nursing Program Director as this may impact my eligibility for clinical practice and/or eligibility to begin the program. If I meet with the director, I will provide supporting documentation showing that the misdemeanor/felony has been expunged, dismissed, or adjudicated. If I fail to disclose any background convictions to the Nursing Program Director before the results of my fingerprinting, I will be immediately dismissed from the program and ineligible to return.

I also understand that I must complete a drug screening in order to comply with requirements of the clinical affiliates of the nursing program. If I have concerns about the results of my drug screening, I will make an appointment to disclose this to the Nursing Program Director as this may impact my eligibility for clinical practice and/or eligibility to begin the program. I understand that the drug screening is completed once upon entry to the program, and the nursing department and/or clinical affiliates can request additional screening at any time during the program if there is cause for concern. If I fail to disclose anything that could yield a positive drug test result to the Nursing Program Director before the results of my drug screening, I will be immediately dismissed from the program and ineligible to return.

I understand that I am required to meet all health requirements (including, but not limited to a physical examination, laboratory tests, drug screening, background checks, and immunizations) and other contractual requirements established by affiliated agencies for participation in the program. I understand that the Nursing Program Director may require a student to be examined by a school selected licensed physician for the purpose of determining physical and mental fitness. 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.

I understand that my transcripts will be officially evaluated by GCC's Admissions and Records Department. If any of my courses is determined not to be equivalent to GCC's courses, I will retake these courses to meet the entrance requirements if I wish to be considered for future semesters.

I understand that if I am not selected for this current application process but would like be considered for future selection, I will notify the Nursing Department after receiving the letter via email. If I do not respond to let the department know that I am still interested by the given deadline, I understand that my file will be confidentially destroyed.

I certify that I have read the entire contents of this application and my signature below is my certification of the accuracy and completeness of the information I have provided. Further, I understand that admission to, or enrollment in the Registered Nursing Program at Glendale Community College may be denied if any information I have provided on this application is found to be incomplete, false or inaccurate.

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Signature

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Print Name

Date

( / /2024)