

## Los Angeles Pierce College

Department of Nursing  
6201 Winnetka Avenue # 8203  
Woodland Hills, CA. 91371-0001  
[www.piercecollege.edu](http://www.piercecollege.edu)

### FOREIGN NURSE GRADUATE POLICY

The Department of Nursing offers foreign nurse graduates the opportunity to correct a noted deficiency in an area of nursing education permitting eligibility for the NCLEX-RN examination. This program is offered by the college in cooperation with the California Board of Registered Nursing.

1. The following are requirements for eligibility to enroll as a foreign nurse graduate in the Department of Nursing at Los Angeles Pierce College. The foreign nurse graduate must:
  - a. Present a copy of an official letter or other document from the California Board of Registered Nursing identifying deficiencies for licensure.
  - b. Complete a Nursing Department petition. (Petitions are available in the Nursing Department Office.)
2. The applicant will be notified of the Admissions/Graduation/Retention Sub-Committee's decision. Upon acceptance into the program the applicant will enroll in the course(s) as directed. The applicant must also enroll in N-442 (Role Transition to RN) and in the college.
3. Foreign nurse graduate applicants are admitted at the beginning of fall and spring semesters strictly on a space available basis and within the guidelines of the Priority List Policy.
4. Once foreign nurse graduate applicants are accepted into the program they must:
  - a. Complete all health requirements. (Must be current for the length of enrollment).
  - b. Purchase professional malpractice insurance. (Must be current for the length of enrollment).
  - c. Present valid Fire Safety and CPR-BCLS cards. (Must be current for the length of enrollment).
  - d. Wear the designated LAPC nursing student uniform, if indicated.
  - e. Purchase the current Nursing Student Handbook.
  - f. Comply with all college and department regulations.
  - g. Enroll in the National Student Nursing Association (NSNA).
  - h. Participate in standardized testing.
  - i. Undergo a required background check and drug screen.

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5. The Department of Nursing will notify the Board of Registered Nursing when the class(es) correcting the deficiency has been successfully completed.
6. Counseling is available through the Department of Nursing.
7. Please notify the Department of Nursing of name, address or telephone changes.

*All students are required to provide a criminal record clearance prior to enrollment in the Nursing Program. (Education Code section 66055.9) Currently Live Scan background check is the screening program. Students shall be denied participation in the program for certain convictions and/or violations. Specific information regarding automatic disqualification may be obtained by contacting the Board of Registered Nursing.*

ACCREDITATION: The Nursing Program is accredited by the California Board of Registered Nursing and the National League for Nursing Accrediting Commission, Inc. 61 Broadway, 33rd Floor, New York, NY 10006, (800) 669-1656, [www.nlnac.org](http://www.nlnac.org).

DISCLOSURE: The board of registered nursing may deny a license, regulated by the Business & Professional Code, Section 480, on such grounds as: being convicted of a crime, acts of dishonesty, fraud or deceit, etc. Applicants who have questions regarding limitations related to licensure should contact the Board of Registered Nursing, 400 R Street, Suite 4030, Sacramento, CA 95814, (919) 322-3350, [www.rn.ca.gov](http://www.rn.ca.gov).

NONDISCRIMINATION POLICY: All programs and activities of the L.A. Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, handicap or veterans status. Reference Board Rule 1202.

Los Angeles Pierce College  
Department of Nursing  
FOREIGN RN PETITION

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone Number Email

Please fill out the following:

BRN Letter  Copy of BRN letter attached | Expiration Date: \_\_\_\_\_

Course(s) needed: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Work Experience: \_\_\_\_\_  
In USA

Elsewhere \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State details of Petition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

Nursing Admissions and Graduation Committee Recommendation:

Approved  Denied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

Admissions and Graduation Office:

Please grant this student:  Graduation Credit