

**State of California  
Office of Administrative Law**

In re:  
**Board of Vocational Nursing and Psychiatric  
Technicians**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections: 2537.2, 2590.2**

**Amend sections: 2525, 2526, 2580, 2581**

**Repeal sections:**

**NOTICE OF APPROVAL OF CERTIFICATE OF  
COMPLIANCE**

**Government Code Sections 11349.1 and  
11349.6(d)**

**OAL Matter Number: 2023-1221-03**

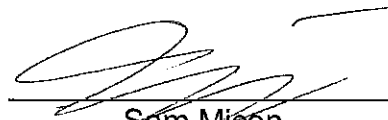
**OAL Matter Type: Certificate of Compliance  
(C)**

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This Certificate of Compliance action finalizes amendments to the regulations on the approval process for nursing programs and psychiatric technician programs (16 CCR §§ 2525, 2526, 2580, and 2581.) It also finalizes the adoption of new regulations regarding the fees associated with the approval process for these programs (16 CCR §§ 2537.2 and 2590.2.) The Certificate of Compliance action also makes minor changes to the structure and substance of the forms incorporated by reference.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: February 6, 2024

  
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Sam Micon  
Attorney

For: Kenneth J. Pogue  
Director

Original: Elaine Yamaguchi, Executive  
Officer

Copy: Mark Ito

## NOTICE PUBLICATION/REGULATION SUBMISSION

**CERT**

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z- 2023-0228-05	REGULATORY ACTION NUMBER 2023-1221-03C	EMERGENCY NUMBER 2022-0616-03E
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For use by Office of Administrative Law (OAL) only

OFFICE OF ADMINISTRATIVE LAW	
<b>Electronic Submission</b>	
RECEIVED DATE 2/28/2022	PUBLICATION DATE March 10, 2023
NOTICE	

OFFICE OF ADMIN. LAW  
2023 DEC 21 PM 3:49ENDORSED - FILED  
in the office of the Secretary of State  
of the State of CaliforniaFEB 06 2024  
2:00 PM

AGENCY WITH RULEMAKING AUTHORITY Board of Vocational Nursing and Psychiatric Technicians	AGENCY FILE NUMBER (If any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE AB 1536: New School Program Approval Process	TITLE(S) 16	FIRST SECTION AFFECTED 2525	2. REQUESTED PUBLICATION DATE March 10, 2023
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Doris Pires	TELEPHONE NUMBER (916) 263-7864	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2023, 10-2	PUBLICATION DATE 3-10-23	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) AB 1536: New School Program Approval Process	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2022-0616-03E & 2023-0612-03EE
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 2537.2 and 2590.2
TITLE(S) 16	AMEND 2525, 2526, 2580 and 2581
	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) The public comment period for modified text began on May 25, 2023 and ended on June 9, 2023.
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5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input checked="" type="checkbox"/> Other (Specify) Kimberly Kirchmeyer, Director, Department of Consumer Affairs

7. CONTACT PERSON Mark Ito	TELEPHONE NUMBER (916) 263-7851	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Mark.Ito@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.	For use by Office of Administrative Law (OAL) only
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ENDORSED APPROVED

FEB 06 2024

Office of Administrative Law

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Elaine Yamaguchi</i>	DATE 11/30/2023
TYPED NAME AND TITLE OF SIGNATORY Elaine Yamaguchi, Executive Officer	

**TITLE 16. BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICANS  
DEPARTMENT OF CONSUMER AFFAIRS**

**ORDER OF ADOPTION**

Amend Sections 2525, 2526, in Article 5 and Adopt Section 2537.2 in Article 6 of Chapter 1 of Division 25 of Title 16 of the California Code of Regulations and Amend Sections 2580, 2581, in Article 5 and Adopt Section 2590.2 in Article 6 of Chapter 2 of Division 25 of Title 16 of the California Code of Regulations, as follows:

Chapter 1. Vocational Nurses

Article 5. Schools of Vocational Nursing

§ 2525. Definitions.

As used in this Article, unless the context otherwise requires:

(a) "Affiliated with an approved school or program" as used in Code section 2881.2(b)(2)(B)(i) means any school or program that has a formal collaborative agreement with an approved school or program, as defined in section 2881 of the Code, that controls its academic policies and curriculum, and where the school or program agrees to utilize the policies and curriculum of the approved school or program.

(b) "Institution" means a postsecondary school or educational program offering courses of instruction in vocational nursing.

(c) "Approval Process" as used in section 2881.2(a) of the Code means the process by which a school or educational program may seek approval to become an approved school of vocational nursing from the Board.

(d) "Cohort" or "class" means a group of students intended for enrollment in an approved school or program of vocational nursing.

(e) "Faculty" means persons specifically appointed as Director, Assistant Director, Instructor, Additional Faculty, Teacher Assistant, or other persons who have the qualifications to teach as specified in section 2529.

(f) "Good cause shown" means any of the following:

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(1) Death of an immediate family member for any individual applicant, or officer, manager, or director of any applicant. Documentation, such as a copy of the death certificate, must be submitted.

(2) Catastrophic illness, contagious disease, or major traumatic injury to any individual applicant, or officer, manager, or director of any applicant or their immediate family member (spouse, child, or parent). Documentation, such as an original letter on letterhead from the physician, which includes the date(s), nature of the illness, and the physician's signature, must be submitted.

(3) Natural disaster (earthquake, flood, fire, etc.) in the applicant's physical or office location.

(4) Service of any individual applicant, or officer, manager, or director of any applicant on extended active duty with the Armed Forces of the United States. Documentation, such as copies of current Leave and Earnings Statements or military orders, must be submitted.

(g) "Letter of Intent" as used in Code section 2881.2(a)(1)(A) means the document describing the school's or educational program's preliminary plan to submit an initial application for Board approval of a vocational nursing program in compliance with the requirements of this Article and Article 4 (commencing with section 2880) of Chapter 6.5 of Division 2 of the Code.

(h) "Reasonable costs for providing oversight and review" shall include the Board's total staff time in dollar value costs allocated to each task performed in the approval process and in providing oversight and review of an institution, including actual costs to the Board for salaries, wages, and other staff benefits paid as part of the application review and to assess continuing compliance with this Article, and any travel expenses incurred by staff and paid by the Board in conducting site visits, inspections, or reviews of an institution.

Note: Authority cited: Sections 2854 and 2881.2 Business and Professions Code.  
Reference: Section 2881.2, Business and Professions Code.

§ 2526. Procedure for Approval.

(a) To begin the approval process, the institution shall submit a completed Letter of Intent meeting the requirements of this section to the Board. A completed Letter of Intent shall include a completed "Letter of Intent to Submit Application for Initial Approval of New School or Program – Vocational Nursing," Form 55M-1 (New 04/2022 Revised 02/2024), which is hereby incorporated by reference, and written

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narrative statements and documentation prepared by the director as required by Form 55M-1, that include:

~~(1) Philosophy of the program. This is a document that outlines an educational program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning.~~

~~(2) Conceptual framework. This is a document that guides the overall structure of the curriculum and reflects the philosophy of the program.~~

~~(3) Terminal objectives to indicate expected student outcomes upon successful completion of the program. This includes measurable criteria regarding the students' successful completion of progressive components of the program, e.g., completion of course, term, or semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing the examination set forth in section 2510, and being able to perform as a competent entry level vocational nurse.~~

~~(4) Feasibility Narrative. This means a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.) the intended start date, and the projected size of the first class.~~

~~(5) Title and General Description of Each Course. The institution shall provide the name(s) of each course and a corresponding general course description. The course description shall describe the subject matter of the course and the educational objectives of each course.~~

~~(6) Clinical Facility Placement List. A list of the clinical facilities that are intended to be utilized for learning experiences. The institution shall submit a completed "Intent for Clinical Facility Placement," Form 55M-3 (New 04/2022), which is hereby incorporated by reference, for each health care facility that agrees to provide clinical placement for students of the proposed school or program.~~

~~(7) Student Services List. A list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address).~~

~~(8) Geographic Narrative. This means a description of the geographic area and community to be served by the proposed school or program (e.g., demographics, numbers of health facilities in the area in need of nursing, or potential future growth of the community).~~

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~~(b) The institution shall provide separate responses, including the provision of any applicable documents, to each item requested in subsection (a). The institution shall clearly identify their responses by placing the name of the institution at the top of each page that is provided and then using a simple naming convention that, at a minimum, links each response to the number and subject matter of the request in subsection (a), and provides the date of the response or document (e.g., "1. Philosophy of the program. 2/2/2022.")~~

(eb) Upon receipt of a completed Letter of Intent, the Board shall send written notice to the institution acknowledging receipt, informing the institution of the next steps in the approval process in accordance with section 2881.2 of the Code, and providing an estimated wait time until active assignment to a nursing education consultant. Within 60 days of the date of written notice by the Board of active assignment of a nursing education consultant, the institution shall submit a completed initial application for approval, which includes all of the following: (1) a completed "Application for Approval of New School or Program of Vocational Nursing, Form 55M-2 (New 04/2022 Revised 02/2024)" which is hereby incorporated by reference; (2) a completed "Clinical Facility Verification Form – VN," Form 55M-3A (New 04/2022 Revised 02/2024) for each applicable health care facility, which is hereby incorporated by reference; (3) a completed "Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan," Form 55M-2W (New 04/2022 Revised 02/2024), which is hereby incorporated by reference; (4) a completed "Summary of Instructional Plan Program Hours Vocational Nursing Program," Form 55M-2E (New 04/2022 Revised 02/2024), which is hereby incorporated by reference; (5) "Verification of Faculty Qualifications Form," Form 55M-10 (New 04/2022 Revised 02/2024) for each faculty member as described in section 2529, which is hereby incorporated by reference; and, (6) the nonrefundable initial application fee required by section 2537.2.

(ec) Within 30 days of the date the Board receives an initial application for approval, the Board shall provide written notice regarding whether the application is complete or what additional documents or fees are required to make the application complete. The written notice shall also specify that the institution has 60 days from the date of the Board's written notice ("60-day submission period") to provide the missing information and the consequences of failing to submit the required fee or information as specified in section 2881.2 of the Code. If requested by the institution prior to the expiration of the 60-day submission period, the Board may provide an institution with an additional 30 days to complete its application for good cause shown as specified in section 2525.

(ed) An institution may commence a new vocational nursing program upon Board approval.

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(fe) A Board representative shall complete an inspection or review prior to graduation of the initial class. A program shall not commence another class without prior Board approval.

(gf) Approval will be granted by the Board when a vocational nursing program demonstrates that it meets all requirements as set forth in this Chapter and in Chapter 6.5, Division 2 of the Business and Professions Code and that no grounds for denial exist pursuant to this Chapter or section 480 of the Code.

(1) Within six months from the date the Board receives the completed initial application, the Board shall provide written notice to the institution of the action taken on the application in accordance with section 2881.2 of the Code and the effective date of that action.

(2) The written notice shall also include all of the following, as applicable:

(A) an invoice detailing the reasonable costs incurred by the Board in the approval process for the institution,

(B) if the Board proposes to approve the application, that the Board's approval is contingent upon payment of the final approval fee specified in the invoice and calculated in accordance with the provisions in section 2537.2,

(C) the deadline for providing the final approval fee in response to the Board's request in accordance with section 2881.3 of the Code; and

(D) if approved, the consequences for failing to respond and provide the fee in accordance with the provisions of section 2881.3 of the Code.

(hg) If, after the submission of any application required by this section, but prior to the Board's decision to approve or deny an application for approval or continuing approval, there is any material change in circumstances affecting any information contained in the application or submitted by the institution in support of the application, the institution shall immediately inform the Board in writing. For the purposes of this section, a change in circumstance is "material" if, without the inclusion of the new or different information into the application, the information contained in or the supporting documentation to the application would be false, misleading, or incomplete.

(ih) The approval period shall be for a term of four years and shall expire at 12 midnight four years from the date of issuance by the Board unless the Board grants continuing approval or the approval period is extended as provided in this section. Provided that a completed application for continuing approval as set forth in subsection (ji) is received by the Board prior to the expiration date of the approval, a current approval shall be automatically extended until the Board has acted upon the application in accordance with

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subsection (ji). An institution that fails to apply for continuing approval prior to the expiration date of its approval period must apply as a new applicant in accordance with this section and section 2881.3 of the Code if they seek to again offer a course of instruction in vocational nursing as an approved school of vocational nursing.

(1) Continuing approval may be granted when the program demonstrates to the satisfaction of the Board that it is in full compliance with all requirements as set forth in this Chapter and in Chapter 6.5, Division 2 of the Business and Professions Code and that no grounds for denial exist pursuant to this Chapter or section 480 of the Code.

(2) Continuing approval may be granted for a period not to exceed four years.

(ji) Six months prior to the date of approval expiration, a program may apply for continuing approval by submitting a completed application for continuing approval to the Board, which includes all of the following:

(1) a completed "Continuing Approval Application for a Vocational Nursing School or Program," (Form 55M-15, ~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference;

(2) "Clinical Facility Verification Form - VN," Form 55M-3A (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference, for each applicable health care facility;

(3) "Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan," Form 55M-2W (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference;

(4) a completed "Verification of Faculty Qualifications Form," Form 55M-10 (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference, for each faculty member as described in section 2529;

(5) a completed "Summary of Instructional Plan Program Hours Vocational Nursing Program" Form 55M-2E (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference; and,

(6) the application fee of \$5,000, which may be reduced in accordance with the procedures set forth in section 2537.2 and this section. A subsequent inspection or review may be conducted by a Board representative.

(kj) Within 60 days of the date the Board receives a completed continuing approval application, the Board shall provide written notice regarding whether the application is complete or what additional information, documents or fees are required to make the

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application complete. For an institution that fails to submit a completed application, the institution shall be advised that the required information must be submitted within 30 days of the date of the written notice and that failure to submit a completed application prior to the expiration date of the approval will render the institution ineligible for continuing approval.

(~~k~~) Within 90 days of the date the Board provides written notice to the institution that its continuing approval application is complete, the Board shall act to approve, grant provisional approval in accordance with section 2526.1, or notify the institution that the application is denied and provide the effective date of such actions. The written notice shall also include the following:

1. A fee payment statement detailing the reasonable costs incurred by the Board in processing the continuing approval application and providing oversight and review of the institution calculated in accordance with section 2537.2; and
2. If the costs incurred by the Board are less than initially required to be paid upon submission of the application or the institution qualifies for a fee reduction based upon a reduction in ~~state funding~~ enrollment capacity as provided in subsection (d) of section 2881.2 of the Code, a statement detailing the refund that will be provided and the anticipated date when the refund will be issued.

(~~m~~) A material misrepresentation of fact by a vocational nursing program in any information submitted to the Board is cause for denial or revocation of approval or provisional approval.

(~~n~~) To obtain or maintain Board approval, an applicant or approved school of vocational nursing shall meet the following alternate student criteria if the institution elects to admit alternate students to its programs:

- (1) A school may admit alternate students in each new class to replace students who may drop out.
- (2) The number of alternate students admitted may not exceed 10% of the school's Board-approved number of students per class.
- (3) Prior to admission, alternate students must be informed in writing of their alternate status and that they may be dropped from the program.
- (4) Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.
- (5) Upon commencement of clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that particular class.

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Note: Authority cited: Sections 2854 and 2881.2, Business and Professions Code.  
Reference: Sections 2866, 2880, 2881, 2881.2, 2881.3 and 2883, Business and Professions Code.

Article 6. Revenue

§ 2537.2. Prelicensure Education Provider Fees.

Pursuant to section 2881.2 of the Code, the following fees are established:

(a) The initial application fee for any applicant for approval of a new school or program of vocational nursing is five thousand dollars (\$5,000).

(b) The final approval fee for any applicant for approval of a new school or program of vocational nursing is fifteen thousand dollars (\$15,000), unless the institution is entitled to a decrease in fees as provided in subsections (c) or (d), in which case the final approval fee shall be calculated as provided in those subsections.

(c) The final approval fee for any applicant for approval of a new school or program of vocational nursing providing documentation of the criteria of 2881.2(b)(2)(B) of the Code, is five thousand dollars (\$5,000). Documentation shall include a signed and dated copy of the formal collaborative agreement between the applicant institution and an approved school or program that is in good standing, showing the applicant institution agrees to utilize the curriculum and policies of the approved school or program. For the purposes of this section "in good standing" means the approved school or program has a current and active approval with no provisional approval.

(d) In accordance with section 2526, the Board shall provide each institution an itemized invoice that shows the initial determination by the Board of the reasonable costs for providing oversight and review of an institution expressed in a total dollar value number. If the total dollar value number for the Board's reasonable costs is less than the amount set forth in subsection (b), then the final approval fee shall be reduced to that total value number and reflected in the invoice provided to the institution pursuant to section 2526.

(e) Unless the Board makes an initial determination that the continuing approval fee should be decreased in accordance with subsections (f) or (g) after receiving the application for continuing approval, the fee submitted with any continuing approval application required by section 2526 shall be five thousand dollars (\$5,000).

(f) The continuing approval fee for any approved school or program of vocational nursing which provides documentation with the continuing approval application in subsection (j) of section 2526 for reduction in ~~state funding~~ enrollment capacity resulting

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in reduced ~~enrollment capacity~~ state funding is two thousand five hundred dollars (\$2,500).

(1) Documentation required for proof of reduction in ~~state funding~~ enrollment capacity must be provided with the continuing approval application in section 2526 and include a copy of the school or program's class rosters for the current semester or term, and the previous three consecutive semesters or terms, which demonstrate a cumulative decline in enrollment of more than 10 percent.

(2) Failure to provide the required documentation of reduction in ~~state funding~~ enrollment capacity shall result in the continuing approval fee of five thousand dollars (\$5,000) to be assessed unless the applicant also qualifies for a reduction in accordance with subsection (g).

(g) Within 30 days of the date the Board receives a completed continuing approval application as provided in section 2526, the Board shall provide each institution a fee payment statement that shows the Board's initial determination of the reasonable costs for providing oversight and review of an institution expressed in a total dollar value number. If the total dollar value number for the Board's reasonable costs is less than the amount set forth in subsection (e), then the continuing approval fee shall be reduced to that total value number. If the continuing approval fee is reduced, then the institution shall be notified of the refund for the overpayment that will be provided in accordance with section 2526.

Note: Authority cited: Section 2854 and 2881.2 Business and Professions Code.  
Reference: Section 2881.2, Business and Professions Code.

## Chapter 2. Psychiatric Technicians

### Article 5. Schools for Preparation of Psychiatric Technicians

#### § 2580. Definitions.

As used in this Article, unless the context otherwise requires:

(a) "Affiliated with an approved school or program" as used in code section 4531.1(b)(2)(B)(i) means any school or program that has a formal collaborative agreement with an approved school or program as defined in section 4531 of the Code, that controls its academic policies and curriculum, and where the school or program agrees to utilize the policies and curriculum of the approved school or program

(b) "Institution" means a postsecondary school or educational program offering courses of instruction for the preparation of psychiatric technicians.

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(c) "Approval Process" as used in section 4531.1 of the Code means the process by which a school or educational program may seek approval to become an approved school for preparation of psychiatric technicians from the Board.

(d) "Cohort" or "class" means a group of students intended for enrollment in an approved school or program for preparation of psychiatric technicians.

(e) "Faculty" means persons specifically appointed as Director, Assistant Director, Instructor, Additional Faculty, Teacher Assistant, or other persons who have the qualifications to teach as specified in section 2584.

(f) "Good cause shown" means any of the following:

(1) Death of an immediate family member for any individual applicant, or officer, manager, or director of any applicant. Documentation, such as a copy of the death certificate, must be submitted.

(2) Catastrophic illness, contagious disease, or major traumatic injury to any for any individual applicant, or officer, manager, or director of any applicant or their immediate family member (spouse, child, or parent). Documentation, such as an original letter on letterhead from the physician, which includes the date(s), nature of the illness, and the physician's signature, must be submitted.

(3) Natural disaster (earthquake, flood, fire, etc.) in the applicant's physical or office location.

(4) Service of any individual applicant, or officer, manager, or director of any applicant on extended active duty with the Armed Forces of the United States. Documentation, such as copies of current Leave and Earnings Statements or military orders, must be submitted.

(g) "Letter of Intent" as used in Code section 4531.1(a)(1)(A) means the document describing the school's or educational program's preliminary plan to submit an initial application for Board approval of a school or program for preparation of psychiatric technicians in compliance with the requirements of this Article and Article 4 (commencing with Section 4530) of Chapter 10 of Division 2 of the Code.

(h) "Reasonable costs for providing oversight and review" shall include the Board's total staff time in dollar value costs allocated to each task performed in the approval process and in providing oversight and review of an institution, including actual costs to the Board for salaries, wages and other staff benefits paid as part of the application review and to assess continuing compliance with this Article, and any travel expenses incurred

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by staff and paid by the Board in conducting site visits, inspections, or reviews of an institution.

Note: Authority cited: Sections 4504 and 4531.1 Business and Professions Code.  
Reference: Section 4531.1, Business and Professions Code.

§ 2581. Procedure for Approval.

(a) To begin the approval process, the institution shall submit a completed Letter of Intent meeting the requirements of this section to the Board. A completed Letter of Intent shall include a completed "Letter of Intent to Submit Application for Initial Approval of New School or Program – Psychiatric Technician," Form 56M-1 (~~New 04/2022~~Revised Revised 02/2024), which is hereby incorporated by reference, and written narrative statements and documentation prepared by the director as required by Form 56M-1, include:

~~(1) Philosophy of the program. This is a document that outlines an educational program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning.~~

~~(2) Conceptual framework. This is a document that guides the overall structure of the curriculum and reflects the philosophy of the program.~~

~~(3) Terminal objectives to indicate expected student outcomes upon successful completion of the program. This includes measurable criteria regarding the students' successful completion of progressive components of the program, e.g., completion of course, term, or semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing examinations as described in section 2570, and being able to perform as a competent entry-level psychiatric technician.~~

~~(4) Feasibility Narrative. This means a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.) the intended start date, and the projected size of the first class.~~

~~(5) Title and General Description of Each Course. The institution shall provide the name(s) of each course and a corresponding general course description. The course description shall describe the subject matter of the course and the educational objectives of each course.~~

~~(6) Clinical Facility Placement List. A list of the clinical facilities that are intended~~

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~~to be utilized for learning experiences. The institution shall submit a completed "Intent for Clinical Facility Placement," Form 55M-3 (New 04/2022), which is hereby incorporated by reference, for each health care facility that agrees to provide clinical placement for students of the proposed school or program.~~

~~(7) Student Services List. A list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address).~~

~~(8) Geographic Narrative. This means a description of the geographic area and community to be served by the proposed school or program (e.g., demographics, numbers of health facilities in the area in need of psychiatric technician services, or potential future growth of the community).~~

~~(b) The institution shall provide separate responses, including the provision of any applicable documents, to each item requested in subsection (a). The institution shall clearly identify their responses by placing the name of the institution at the top of each page that is provided and then using a simple naming convention that, at a minimum, links each response to the number and subject matter of the request in subsection (a), and provides the date of the response or document (e.g., "1. Philosophy of the program. 2/2/2022".)~~

(eb) Upon receipt of a completed Letter of Intent, the Board shall send written notice to the institution acknowledging receipt, informing the institution of the next steps in the approval process in accordance with section 4531.1 of the Code, and providing an estimated wait time until active assignment to a nursing education consultant. Within 60 days of the date of written notice by the Board of active assignment of a nursing education consultant, the institution shall submit a completed initial application for approval, which includes all of the following: (1) a completed "Application for Approval of a New Psychiatric Technician School or Program," Form 56M-2 (New 04/2022 Revised 02/2024), which is hereby incorporated by reference; (2) a completed "Clinical Facility Verification Form – PT," Form 56M-3A (New 04/2022 Revised 02/2024) for each applicable health care facility, which is hereby incorporated by reference; (3) a completed "Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan" Form 55M-2W (New 04/2022 Revised 02/2024), which is hereby incorporated by reference; (4) a completed "Summary of Instructional Plan Program Hours Psychiatric Technician Program," Form 56M-2E (New 04/2022 Revised 02/2024), which is hereby incorporated by reference; (5) "Verification of Faculty Qualifications," Form 55M-10 (New 04/2022 Revised 02/2024) for each faculty member as described in section 2584, which is hereby incorporated by reference; and, (6) the nonrefundable initial application fee required by section 2590.2.

(ec) Within 30 days of the date the Board receives an initial application for approval, the Board shall provide written notice regarding whether the application is complete or what

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additional documents or fees are required to make the application complete. The written notice shall also specify that the institution has 60 days from the date of the Board's written notice ("60-day submission period") to provide the missing information and the consequences of failing to submit the required fee or information as specified in section 4531.1 of the Code. If requested by the institution prior to the expiration of the 60-day submission period, the Board may provide an institution with an additional 30 days to complete its application for good cause shown as specified in section 2580.

(ed) An institution may commence a new psychiatric technician program upon Board approval.

(fe) A Board representative shall complete an inspection or review prior to graduation of the initial class. A program shall not commence another class without prior Board approval.

(gf) Approval will be granted by the Board when a psychiatric technician program demonstrates that it meets all requirements as set forth in this Chapter and in Chapter 10, Division 2, of the Business and Professions Code and that no grounds for denial exist pursuant to this Chapter or section 480 of the Code.

(1) Within six months from the date the Board receives the completed initial application, the Board shall provide written notice to the institution of the action taken on the application in accordance with section 4531.1 of the Code and the effective date of that action.

(2) The written notice shall also include all of the following, as applicable:

(A) an invoice detailing the reasonable costs incurred by the Board in the approval process for the institution,

(B) if the Board proposes to approve the application, that the Board's approval is contingent upon payment of the final approval fee specified in the invoice and calculated in accordance with the provisions in section 2590.2,

(C) the deadline for providing the final approval fee in response to the Board's request in accordance with section 4531.1 of the Code; and

(D) if approved, the consequences for failing to respond and provide the fee in accordance with the provisions of section 4531.2 of the Code.

(hg) If, after the submission of any application required by this section, but prior to the Board's decision to approve or deny an application for approval or continuing approval, there is any material change in circumstances affecting any information contained in the application or submitted by the institution in support of the application, the institution shall immediately inform the Board in writing. For the purposes of this section, a change in circumstance is "material" if, without the inclusion of the new or different information into

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the application, the information contained in or the supporting documentation to the application would be false, misleading, or incomplete.

(ih) The approval period shall be for a term of four years and shall expire at 12 midnight four years from the date of issuance by the Board unless the Board grants continuing approval or the approval period is extended as provided in this section. Provided that a completed application for continuing approval as set forth in subsection (ji) is received by the Board prior to the expiration date of the approval, a current approval shall be automatically extended until the Board has acted upon the application in accordance with subsection (ji). An institution that fails to apply for continuing approval prior to the expiration date of its approval period must apply as a new applicant in accordance with this section and section 4531.2 of the Code if they seek to again offer a course of instruction as an approved school of psychiatric technicians.

(1) Continuing approval may be granted when the program demonstrates to the satisfaction of the Board that it is in full compliance with all requirements as set forth in this Chapter and in Chapter 10, Division 2 of the Business and Professions Code and that no grounds for denial exist pursuant to this Chapter or section 480 of the Code.

(2) Continuing approval may be granted for a period not to exceed four years.

(ji) Six months prior to the date of approval expiration, a program may apply for continuing approval by submitting a completed application for continuing approval to the Board, which includes all of the following:

(1) a completed "Continuing Approval Application for a Psychiatric Technician School or Program," (Form 56M-15, ~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference;

(2) "Clinical Facility Verification Form - PT," Form 56M-3A (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference, for each applicable health care facility;

(3) "Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan," Form 55M-2W (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference;

(4) a completed "Verification of Faculty Qualifications Form," 55M-10 (~~New 04/2022~~Revised 02/2024), which is hereby incorporated by reference, for each faculty member as described in section 2584;

(5) a completed "Summary of Instructional Plan Program Hours Psychiatric Technician Program," Form 56M-2E (~~New 04/2022~~Revised 02/2024), which is hereby incorporated

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by reference; and,

(6) the application fee of \$5,000, which may be reduced in accordance with the procedures set forth in section 2590.2 and this section. A subsequent inspection or review may be conducted by a Board representative.

(kj) Within 60 days of the date the Board receives a completed continuing approval application, the Board shall provide written notice regarding whether the application is complete or what additional information, documents or fees are required to make the application complete. For an institution that fails to submit a completed application, the institution shall be advised that the required information must be submitted within 30 days of the date of the written notice and that failure to submit a completed application prior to the expiration date of the approval will render the institution ineligible for continuing approval.

(~~kl~~) Within 90 days of the date the Board provides written notice to the institution that its continuing approval application is complete, the Board shall act to approve, grant provisional approval in accordance with section 2581.1, or notify the institution that the application is denied and provide the effective date of such actions. The written notice shall also include the following:

1. A fee payment statement detailing the reasonable costs incurred by the Board in processing the continuing approval application and providing oversight and review of the institution calculated in accordance with section 2590.2; and,
2. if the costs incurred by the Board are less than initially required to be paid upon submission of the application or the institution qualifies for a fee reduction based upon a reduction in state funding enrollment capacity as provided in subsection (d) of section 4531.1 of the Code, a statement detailing the refund that will be provided and the anticipated date when the refund will be issued.

(~~km~~) A material misrepresentation of fact by a program for preparation of psychiatric technicians in any information submitted to the Board is cause for denial or revocation of approval or provisional approval.

(~~kn~~) To obtain or maintain Board approval, an applicant or approved school or program for preparation of psychiatric technicians shall meet the following alternate student criteria if the institution elects to admit alternate students to its programs:

- (1) A school may admit alternate students in each new class to replace students who may drop out.
- (2) The number of alternate students admitted may not exceed 10% of the school's Board-approved number of students per class.

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(3) Prior to admission, alternate students must be informed in writing of their alternate status and that they may be dropped from the program.

(4) Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.

(5) Upon commencement of clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that particular class.

Note: Authority cited: Sections 4504 and 4531.1, Business and Professions Code. Reference: Sections 4511, 4515, 4530, 4531, 4531.1, 4531.2 and 4532, Business and Professions Code.

#### Article 6. Revenue

##### § 2590.2. Prelicensure Education Provider Fees.

Pursuant to section 4531.1 of the Code, the following fees are established:

(a) The initial application fee for any applicant for approval of a new school or program for preparation of psychiatric technicians is five thousand dollars (\$5,000).

(b) The final approval fee for any applicant for approval of a new school or program for preparation of psychiatric technicians is fifteen thousand dollars (\$15,000), unless the institution is entitled to a decrease in fees as provided in subsections (c) or (d), in which case the final approval fee shall be calculated as provided in those subsections.

(c) The final approval fee for any applicant for approval of a new school or program for preparation of psychiatric technicians providing documentation of the criteria of 4531.1(b)(2)(B)(i) of the Code, is five thousand dollars (\$5,000). Documentation shall include a signed and dated copy of the formal collaborative agreement between the applicant institution and an approved school or program that is in good standing, showing the applicant institution agrees to utilize the curriculum and policies of the approved school or program. For the purposes of this section "in good standing" means the approved school or program has a current and active approval with no provisional approval.

(d) In accordance with section 2581, the Board shall provide each institution an itemized invoice that shows the initial determination by the Board of the reasonable costs for providing oversight and review of an institution expressed in a total dollar value number. If the total dollar value number for the Board's reasonable costs is less than the amount

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set forth in subsection (b), then the final approval fee shall be reduced to that total value number and reflected in the invoice provided to the institution pursuant to section 2581.

(e) Unless the Board makes an initial determination that the continuing approval fee should be decreased in accordance with subsections (f) or (g) after receiving the application for continuing approval, the fee submitted with any continuing approval application required by section 2581 shall be five thousand dollars (\$5,000).

(f) The continuing approval fee for any approved school or program of vocational nursing which provides documentation with the continuing approval application in subsection (j) of section 2581 for reduction in ~~state funding~~enrollment capacity resulting in reduced ~~enrollment capacity~~state funding is two thousand five hundred dollars (\$2,500).

(1) Documentation required for proof of reduction in ~~state funding~~enrollment capacity must be provided with the continuing approval application in section 2581 and include a copy of the school or program's class rosters for the current semester or term, and the previous three consecutive semesters or terms, which demonstrate a cumulative decline in enrollment of more than 10 percent.

(2) Failure to provide the required documentation of reduction in ~~state funding~~enrollment capacity shall result in the continuing approval fee of five thousand dollars (\$5,000) to be assessed unless the applicant also qualifies for a reduction in accordance with subsection (g).

(g) Within 30 days of the date the Board receives a completed continuing approval application as provided in section 2581, the Board shall provide each institution a fee payment statement that shows the Board's initial determination of the reasonable costs for providing oversight and review of an institution expressed in a total dollar value number. If the total dollar value number for the Board's reasonable costs is less than the amount set forth in subsection (e), then the continuing approval fee shall be reduced to that total value number. If the continuing approval fee is reduced, then the institution shall be notified of the refund for the overpayment that will be provided in accordance with section 2581.

Note: Authority cited: Sections 4504 and 4531.1, Business and Professions Code.  
Reference: Section 4531.1, Business and Professions Code.

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**Board of Vocational Nursing and Psychiatric Technicians**  
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945  
P: 916-263-7843 [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov)  
Email Address: [BVNPT.Education@dca.ca.gov](mailto:BVNPT.Education@dca.ca.gov)



## LETTER OF INTENT TO SUBMIT APPLICATION for INITIAL APPROVAL of NEW SCHOOL OR PROGRAM – Vocational Nursing

This completed form along with all written statements and documentation required by this form is in accordance with section 2526 of Title 16 of the California Code of Regulations (CCR) must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new school or program of vocational nursing. The information requested on this form is mandatory pursuant to Business and Professions Code section 2881.2 and Title 16 CCR section 2526. The information provided on this form and in written statements will be used to identify the proposed school or program and to calculate an estimated wait time until active assignment to a nursing education consultant. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.

- Program Type:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Full Time         | <input type="checkbox"/> Part Time      |  |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Adult School   | <input type="checkbox"/> Regional Occupational Program |
| <input type="checkbox"/> Private           | <input type="checkbox"/> Hospital-Based | <input type="checkbox"/> Other                         |

**Proposed School or Program Name**

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**Mailing Address:**

---

**Name of Owner of Proposed School or Program (Attach additional sheets as necessary):**

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**Program Director's Name:**

---

**Program Director's Office Address:**

---

**Direct Phone #:**

---

**Email Address:**

---

**Signature of Program Director:**

---

**Date:**

---

**Printed Name:**

---

Programs should email the Board immediately at [BVNPT.Education@dca.ca.gov](mailto:BVNPT.Education@dca.ca.gov)  
[BVNPT.Proposed.Programs@dca.ca.gov](mailto:BVNPT.Proposed.Programs@dca.ca.gov) if there are any changes in contact information.

Failure to provide updated contact information may delay processing if the Board cannot reach the school or program.

Please proceed to the next page for further instruction on how to complete this form.

Written narrative statements and documentation must be attached to this form and submitted to the Board to begin the approval process. The institution shall provide separate responses, including the provision of any applicable documents, to each item requested below. The institution shall clearly identify their responses by placing the name of the institution at the top of each page that is provided and then using a simple naming convention that, at a minimum, links each response to the number and subject matter of the request listed below, and provides the date of the response or document (e.g., "1. Philosophy of the program. 2/2/2022").

### **Section 1: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning.

### **Section 2: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program (as described in section 1).

### **Section 3: Terminal Objectives:**

Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable criteria regarding the student's successful completion of progressive components of the program, e.g., completion of courses, terms, or semesters. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing of the examination set forth in section 2510, and being able to perform as a competent entry level vocational nurse.

### **Section 4: Feasibility Narrative:**

Attach a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.) the intended start date, and the projected size of the first class.

### **Section 5: Title and General Description of Each Course:**

Attach a list of the name(s) of each course and provide a corresponding general course description. The course description shall describe the subject matter of the course and the educational objectives of each course.

### **Section 6: Clinical Facility Placement List:**

Attach a list of the clinical facilities that are intended to be utilized for learning experiences. The institution shall submit a completed "Intent for Clinical Facility Placement," which is attached below, for each health care facility that agrees to provide clinical placement for students of the proposed school or program.

### **Section 7: Student Services List:**

Attach a list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address).

**Section 8: Geographic Narrative:**

Attach a description of the geographic area and community to be served by the proposed school or program (e.g., demographics, numbers of health facilities in the area in need of nursing, or potential future growth of the community).

Please proceed to the next page to complete the form listed below.



**INTENT FOR CLINICAL FACILITY PLACEMENT**

**Program Name:** \_\_\_\_\_ **Type:**  **VN**  **PT**

**Program Campus Location:** \_\_\_\_\_

**Clinical Experience Address:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Facility Administrator/Director Name:** \_\_\_\_\_

**Name/Title of Person Responsible for Student Placement:** \_\_\_\_\_

**Facility Contact Person:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Projected Term/Semester for Clinical Site:** \_\_\_\_\_

**Projected Content Area(s):** \_\_\_\_\_

**Projected Number of Students per Rotation:** \_\_\_\_\_

**Facility Director's Printed Name:** \_\_\_\_\_

**Facility Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director's Printed Name:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new school or program. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526 or 2581, as applicable. The information provided on this form will be used to identify the proposed school or program and to calculate an estimated wait time until active assignment to a nursing education consultant. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.





**LETTER OF INTENT TO SUBMIT APPLICATION for INITIAL APPROVAL  
of NEW SCHOOL OR PROGRAM – Psychiatric Technician**

This completed form along with all written statements and documentation required by this form in accordance with section 2581 of Title 16 of the California Code of Regulations (CCR) must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new psychiatric technician school or program. The information requested on this form is mandatory pursuant to Business and Professions Code section 4531.1 and Title 16 CCR section 2581. The information provided on this form and in written statements will be used to identify the proposed school or program and to calculate an estimated wait time until active assignment to a nursing education consultant. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.

- Program Type:**       Full Time       Part Time
- Community College     Adult School       Regional Occupational Program
- Private                     Hospital-Based     Other

**Proposed School or Program Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of Owner of Proposed School or Program (Attach additional sheets as necessary):** \_\_\_\_\_

**Program Director's Name:** \_\_\_\_\_

**Program Director's Office Address:** \_\_\_\_\_

**Direct Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature of Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Programs should email the Board immediately at [BVNPT.Education@dca.ca.gov](mailto:BVNPT.Education@dca.ca.gov) [BVNPT.Proposed.Programs@dca.ca.gov](mailto:BVNPT.Proposed.Programs@dca.ca.gov) if there are any changes in contact information. Failure to provide updated contact information may delay processing if the Board cannot reach the school or program.

Please proceed to the next page for further instruction on how to complete this form.

Written narrative statements and documentation must be attached to this form and submitted to the Board to begin the approval process. The institution shall provide separate responses, including the provision of any applicable documents, to each item requested below. The institution shall clearly identify their responses by placing the name of the institution at the top of each page that is provided and then using a simple naming convention that, at a minimum, links each response to the number and subject matter of the request listed below, and provides the date of the response or document (e.g., "1. Philosophy of the program. 2/2/2022").

### **Section 1: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning.

### **Section 2: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program (as described in section 1).

### **Section 3: Terminal Objectives:**

Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable statements regarding the student's successful completion of progressive components of the program, e.g., completion of courses, terms, semesters. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing examinations as described in section 2570, and being able to perform as a competent entry level psychiatric technician.

### **Section 4: Feasibility Narrative:**

Attach a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.), the intended start date, and the projected size of the first class.

### **Section 5: Title and General Description of Each Course:**

Attach a list of the name(s) of each course and provide a corresponding general course description. The course description shall describe the subject matter of the course and the educational objectives of each course.

### **Section 6: Clinical Facility Placement List:**

Attach a list of the clinical facilities that are intended to be utilized for learning experiences. The institution shall submit a completed "Intent for Clinical Facility Placement," which is attached below, for each health care facility that agrees to provide clinical placement for students of the proposed school or program.

### **Section 7: Student Services List:**

Attach a list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address).

**Section 8: Geographic Narrative:**

Attach a description of the geographic area and community to be served by the proposed school or program (e.g., demographics, numbers of health facilities in the area in need of psychiatric technician services, or potential future growth of the community).

Please proceed to the next page to complete the form listed below.



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**Board of Vocational Nursing and Psychiatric Technicians**  
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945  
Phone 916-263-7843 www.bvnpt.ca.gov



**INTENT FOR CLINICAL FACILITY PLACEMENT**

**Program Name:** \_\_\_\_\_ **Type:**  VN  PT

**Program Campus Location:** \_\_\_\_\_

**Clinical Experience Address:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Facility Administrator/Director Name:** \_\_\_\_\_

**Name/Title of Person Responsible for Student Placement:** \_\_\_\_\_

**Facility Contact Person:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Projected Term/Semester for Clinical Site:** \_\_\_\_\_

**Projected Content Area(s):** \_\_\_\_\_

**Projected Number of Students per Rotation:** \_\_\_\_\_

**Facility Director's Printed Name:** \_\_\_\_\_

**Facility Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director's Printed Name:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new school or program. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526 or 2581, as applicable. The information provided on this form will be used to identify the proposed school or program and to calculate an estimated wait time until active assignment to a nursing education consultant. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.



**APPLICATION FOR APPROVAL OF NEW SCHOOL OR PROGRAM  
OF VOCATIONAL NURSING ("Program")**

(California Business and Professions Code (BPC) Sections 2880-2884 and Title 16,  
California Code of Regulations (16 CCR) Sections 2525, 2526, 2529, 2530, 2532, 2533,  
2534, and California Education Code Section 94899)

**(\$5,000.00 Non Refundable Initial Application Fee)**

This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary. Any material misrepresentation of any information on the application is grounds for denial or subsequent removal of the approval.

Under Business and Professions Code (BPC) sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your approval may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies.

**Section 1: Program Information**

Proposed Program Name: \_\_\_\_\_

Physical Address of Proposed Program:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Proposed Program (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Program Type:       Full Time       Part Time  
 Community College       Adult School       Regional Occupational Program  
 Private       Hospital-Based       Other: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Phone #: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliate Campus Only:** If this program is affiliated with an approved school or program, provide all of the following information. "Affiliated" means your school or program has a formal collaborative agreement with an approved school or program, as defined in BPC section 2881, that controls its academic policies and curriculum, and where your school or program agrees to utilize the policies and curriculum of the approved school or program.

Affiliate Campus Name: \_\_\_\_\_

Affiliate Campus Address: \_\_\_\_\_

Affiliate Campus Contact Name: \_\_\_\_\_

Affiliate Campus Contact Telephone Number: \_\_\_\_\_

Affiliate Campus Contact Email Address: \_\_\_\_\_

**Required Documentation:** ~~Provide with this application~~ Attach a signed and dated copy of the formal collaborative agreement between your program and an approved school or program that is in good standing, showing your program agrees to utilize the curriculum and policies of the approved school or program. "In good standing" means the approved school or program has a current and active approval with the Board and no provisional approval.

**Section 2: Contact Person for this Application:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Section 3: Applicant/Ownership Information:**

Full Legal Name of Applicant/Owner of Program: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For corporation or LLC applicants, list the following information for each of the principal individuals who are the officer(s), managers or officials of the entity who are responsible for the operations or management of the corporation or LLC.

Individual 1:

Name	Title
Address	Phone
City, State, ZIP	Alternate Phone
Social Security Number/ITIN	E-mail address

Individual 2:

Name	Title
Address Line 1	Phone
City, State, ZIP	Alternate Phone
Social Security No./ITIN	E-mail address

Individual 3:

Name	Title
Address Line 1	Phone
City, State, ZIP	Alternate Phone
Social Security No./ITIN	E-mail address

**Notice:** Collection of the SSN, ITIN, and FEIN is authorized by BPC sections 30 and 31. SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, and compliance with any judgment or order for family support in accordance with Family Code section 17520. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed, and you will be reported to the Franchise Tax Board; they may assess a \$100 penalty against you.

**Section 4: Form of Business Organization:**

The applicant will operate the program as a (check only one):

(Note: For corporations and Limited Liability Companies (LLC), please provide attach a current and active California Secretary of State corporate or LLC entity registration number

below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at [www.sos.ca.gov](http://www.sos.ca.gov).)

- Individually Owned/Sole Proprietorship. Social Security No. \_\_\_\_\_
- General Partnership FEIN # \_\_\_\_\_
- Limited Partnership FEIN # \_\_\_\_\_
- Corporation. SOS Reg. #. \_\_\_\_\_
- Limited Liability Company. SOS Reg. #. \_\_\_\_\_
- Government Owned Program

(For corporations, submit the Articles of Incorporation, for an LLC, submit the Articles of Organization, and for partnerships, ~~provide~~ attach a current executed partnership agreement for the applicant business with this application.)

**Section 5: Disciplinary History:**

Within the preceding 7 years from the date of this application, has the applicant ever had a school or program approval and/or any other license suspended, revoked, placed on probation, or had other disciplinary action, including public reproof or reprimand, taken against a license the applicant has held by a state licensing board in or outside of California?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement to this application providing all of the following: (1) the name of the state licensing board that imposed the discipline, (2) the type of discipline imposed, (3) the effective dates of discipline; and (4) a description of the violations found by the state licensing board.

**Section 6: Organization and Management:**

Provide Attach an organizational chart which reflects the program's current status, identifies all positions within the program and clearly distinguishes lines of accountability and communication.

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Section 7: Geographic Narrative:**

Attach a description of the geographic area and community to be served by the proposed school or program (e.g, demographics, numbers of health facilities in the area in need of nursing, or potential future growth of the community). If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Changes to Letter of Intent

**Section 8: Feasibility Narrative:**

Attach a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.) the intended start date, and the projected size of the first class. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.



Document is attached:  Yes  No  No Changes to Letter of Intent

**Section 9: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document is attached:  Yes  No  No Changes to Letter of Intent

---

**Section 10: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program (as described in Section 9). If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document is attached:  Yes  No  No Changes to Letter of Intent

---

**Section 11: Clinical Facility Placement:**

Attach a completed *Clinical Facility Verification Form*, Form 55M-3A (New 04/2022 Revised 02/2024), for each health care facility. This form must be completed for each health care facility that agrees to provide clinical placement for students of the proposed program. 16 CCR section 2534 requires programs to have clinical facilities adequate as to number, type, and variety of patients treated, and to provide clinical experience for all students in the areas specified by 16 CCR section 2533.

Document is attached:  Yes  No

---

**Section 12: Terminal Objectives:**

Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable criteria regarding the student's successful completion of progressive components of the program, i.e. courses, terms, semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing of the examination as set forth in section 2510, and being able to perform as a competent entry level vocational nurse. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document is attached:  Yes  No  No Changes to Letter of Intent

---

**Section 13: Evaluation methodology for curriculum:**

55M-2 (New 4/2022 Revised 02/2024)

Attach an explanation of the process that identifies the method(s) by which the curriculum is evaluated regularly.

Document is attached:  Yes  No

---

**Section 14: Attach course outlines for each course:**

A course outline is a document that reflects the outline and objectives for specific competencies related to essential elements within separate courses or terms. Course outlines reflect entry-level competencies within the VN scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document(s) attached:  Yes  No

---

**Section 15: Instructional plan:**

Attach the instructional plan and program hours for the proposed program using Forms 55M-2E and 55M-2W as described below. An instructional plan is a document that correlates theory and clinical content and hours on a weekly basis and provides an overview of the teaching schedule; the document must show the program's commitment to curriculum in which theory hours precede clinical hours. The following must be completed and submitted with this application: *Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan Form 55M-2W (New 04/2022 Revised 02/2024)* and *Summary of Instructional Plan Program Hours Form 55M-2E (New 04/2022 Revised 02/2024)* to meet the requirements of this section.

Document is attached:  Yes  No

---

**Section 16: Daily lesson plans:**

Attach copies of proposed daily lesson plans for the first two weeks of each course of instruction. A daily lesson plan is a document that correlates the theory and practice for each instruction day for the instructor to follow.

Document is attached:  Yes  No

---

**Section 17: Faculty meeting methodology:**

Attach a document describing the faculty meeting methodology for the program, including a statement of the frequency of faculty meetings, and confirms that any minutes from those meetings shall be available to the Board's representative.

Document is attached:  Yes  No

---

**Section 18: Verification of Faculty Qualifications:**

A proposed program must submit qualifications of the proposed faculty members for approval by the Board prior to employment as required by 16 CCR 2529. Attach a completed "Verification of Faculty Qualification" Form 55M-10 (New 04/2022 Revised 02/2024) for each proposed faculty member with this application.

Document(s) attached:  Yes  No

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**Section 19: Evaluation methodology for clinical facilities:**

Attach an explanation of the process for evaluating clinical facilities, including identification of the tool(s) used by the program to evaluate the clinical facilities), e.g., surveys, forms, checklists.

Document(s) attached:  Yes  No

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**Section 20: Admission criteria:**

Attach ~~Provide an explanation of~~ requirements for a student's admission to the school or program.

Document is attached:  Yes  No

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**Section 21: Screening and selection criteria:**

Attach ~~Provide~~ a document listing and explaining the criteria for selection of program candidates if there are more qualified applicants than available seats within an upcoming cohort. "Cohort" or "class" means a group of students intended for enrollment in an approved school or program of vocational nursing.

Document is attached:  Yes  No

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**Section 22: Student Services List:**

Attach ~~Provide~~ a list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address). If this information has not changed since submission of the applicant's Letter of Intent to the Board, check write "No Changes to Letter of Intent" here.

Document is attached:  Yes  No  No Changes to Letter of Intent

---

**Section 23: Number of students:**

Identify the proposed number of students for initial cohort:\_\_\_\_\_. If the school or program plans to accept alternate students, attach provide a document that describes the policy for admission of alternate students including:

- o The criteria for accepting alternate students; and
- o The process used if all alternates are not needed to fill class at the beginning of clinical experience.

Note the following per 16 CCR 2526:

- ❖ A school or program may admit alternate students in each new class to replace students who may drop out.
- ❖ The number of alternate students admitted may not exceed 10% of the school's approved number of students per class.
- ❖ Prior to admission, alternate students must be informed in writing of their alternate status and that they may be dropped from the program.
- ❖ Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.
- ❖ Upon commencement of clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that particular class.

Note: The number of students a school or program will be allowed to admit to its initial class is based on the program director's request and demonstrated available resources per 16 CCR 2530 and determined after all program documentation is submitted.

Document(s) attached: \_\_\_\_\_Yes \_\_\_\_\_ No

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**Section 24: Evaluation methodology for student progress:**

Attach Provide a statement that describes the elements used for evaluation of student progress. (May include grading policy.) Explain the process or identify the tool used by the instructor and/or preceptor (if applicable) to evaluate student progress in mastering the course and program objectives. The written narrative must identify objectives or criteria for measuring student progress and the methods for evaluation, action, follow-up, and documentation of outcomes. This methodology may include quizzes, testing, mid-term evaluations etc. for early identification of at-risk students.

Document is attached: \_\_\_\_\_Yes \_\_\_\_\_ No

---

**Section 25: Attendance policy:**

Attach Provide a written narrative describing the school or program's attendance policy in compliance with 16 CCR 2530(h), which must include:

- ❖ Attendance criteria; and,
- ❖ Make-up criteria and forms (if applicable), which specify appropriate methods for make-up of theory and clinical objectives.

Document is attached:  Yes  No

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**Section 26: Grievance policy:**

Attach Provide a description of the program's grievance policy and for providing notice of the policy as required by 16 CCR 2530 (j)(3).

Document is attached:  Yes  No

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**Section 27: Required Notices:**

Attach Provide a description of the process to advise students about their rights to contact the Board of program concerns, the program's process for credit granting for previous education and experience, and the program's Board-approved clinical facilities as required by 16 CCR 2530.

Document is attached:  Yes  No

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**Section 28: Credit Granting:**

Attach Provide a description of the program's policy for giving credit toward the curriculum requirements, a determination of the curriculum area to which credit is applied, and justification for the credit applied, including how the program plans to comply with requirements for transfer credit for related previous education completed within the last five years in compliance with 16 CCR 2535.

Document is attached:  Yes  No

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**Section 29: Remediation:**

Attach Provide a description of how the program evaluates student performance to determine the need for remediation, including the program's remediation criteria/policy and actions taken if the student does not fulfill the requirements.

Document is attached:  Yes  No

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**Section 30: Program Resources:**

Attach Provide a detailed description of the program resources, including: classroom(s), library and other learning resources (e.g., texts, videos, software, online materials, and other materials used to assist students to meet the expectations for learning), support services (e.g. course and career counseling, student financial aid advisors), physical space, skills laboratory and equipment to achieve the program's objectives. The program may also submit pictures of the campus and resources to support the included description. (16 CCR 2530 (a))

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Section 31: Eligibility for Expedited Review of Application (for Individual Owners/Sole Proprietorships Only)**

A. Are you serving in, or have you previously served in, the United States military? (BPC section 114.5)

- Yes  
 No

B. If you answered "yes" above, are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? (BPC section 115.4)

- Yes  
 No

If you checked "Yes" for this question, please attach provide the following documentation to receive expedited review: evidence of your current military duty (copy of your military orders) or your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).

C. Do any of the following statements apply to you:

- Yes  
 No

- You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code,
- You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of Title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters of those who worked for or on behalf of the United States government].

D. If you selected "yes," you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder as provided below. Failure to do so may result in application processing delays. "Evidence" shall include:

- Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee.
- Special Immigrant Visa that includes the "si" or "sq" designation.
- Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee.

- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Business and Professions Code section 135.4.

**I declare under penalty of perjury under the laws of the State of California that I am authorized to sign this application on behalf of the applicant, that I have read this application and the information provided herein along with any accompanying documents, and that the foregoing and all attachments are true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Applicant or Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP \_\_\_\_\_

### **NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information provided in this application will be used by the Board of Vocational Nursing and Psychiatric Technicians (Board) to determine whether the applicant institution qualifies for approval. Unless otherwise specified, all information requested on this application is mandatory. Sections 30, 31, 494.5, and 2881.2 of the California Business and Professions Code and Title 16 CCR section 2526 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, the Franchise Tax Board, the California Department of Tax and Fee Administration, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. Each individual or applicant has the right to review their file, except as otherwise provided by the California Information Practices Act. Social security numbers (SSN) and individual taxpayer identification numbers (ITIN) are not considered public records. However, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the Board is responsible for maintaining the information in this form, and may be contacted at 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833, telephone number 916-263-7843 regarding questions about this notice or access to records.







**APPLICATION FOR APPROVAL OF A NEW PSYCHIATRIC TECHNICIAN  
SCHOOL OR PROGRAM  
("Program")**

(California Business and Professions Code (BPC) Sections 453-4532 and Title 16,  
California Code of Regulations (16 CCR) Sections 2580, 2581, 2584, 2585, 2585.1, 2586,  
2587,  
2588, 2588.1, and California Education Code Section 94899)

**(\$5,000.00 Non Refundable Initial Application Fee)**

This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary. Any material misrepresentation of any information on the application is grounds for denial or subsequent removal of the approval.

Under Business and Professions Code (BPC) sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your approval may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies

**Section 1: Program Information**

Proposed Program Name: \_\_\_\_\_

Physical Address of Proposed Program: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Proposed Program (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Program Type:    \_\_\_ Full Time                   \_\_\_ Part Time  
\_\_\_ Community College    \_\_\_ Adult School           \_\_\_ Regional Occupational Program

\_\_\_\_ Private                      \_\_\_\_\_ Hospital-Based                      \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Program Director's Name:** \_\_\_\_\_

**Program Director's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Direct Phone #:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Affiliate Campus Only:** If this program is affiliated with an approved school or program, provide all of the following information. "Affiliated" means your school or program has a formal collaborative agreement with an approved school or program, as defined in BPC section 4531.1, that controls its academic policies and curriculum, and where your school or program agrees to utilize the policies and curriculum of the approved school or program.

**Affiliate Campus Name:** \_\_\_\_\_

**Affiliate Campus Address:** \_\_\_\_\_

**Affiliate Campus Contact Name:** \_\_\_\_\_

**Affiliate Campus Contact Telephone Number:** \_\_\_\_\_

**Affiliate Campus Contact Email Address:** \_\_\_\_\_

**Required Documentation:** Provide with this application Attach a signed and dated copy of the formal collaborative agreement between your program and an approved school or program that is in good standing, showing your program agrees to utilize the curriculum and policies of the approved school or program. "In good standing" means the approved school or program has a current and active approval with the Board and no provisional approval.

**Section 2: Contact Person for this Application:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Section 3: Applicant/Ownership Information:**

Full Legal Name of Applicant/Owner of Program: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For corporation or LLC applicants, list the following information for each of the principal individuals who are the officer(s), managers or officials of the entity who are responsible for the operations or management of the corporation or LLC.

Individual 1:

Name	Title
_____	_____
Address	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security Number/ITIN	E-mail address
_____	_____

Individual 2:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security No./ITIN	E-mail address
_____	_____

Individual 3:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security No./ITIN	E-mail address
_____	_____

**Notice:** Collection of the SSN, ITIN, and FEIN is authorized by BPC sections 30 and 31. SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, and compliance with any judgment or order for family support in accordance with Family Code section 17520. If you fail to disclose your SSN, ITIN, or FEIN, your application will

not be processed, and you will be reported to the Franchise Tax Board; they may assess a \$100 penalty against you.

#### Section 4: Form of Business Organization:

The applicant will operate the program as a (check only one):

(**Note:** For corporations and Limited Liability Companies (LLC), please provide attach a current and active California Secretary of State corporate or LLC entity registration number below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at [www.sos.ca.gov](http://www.sos.ca.gov).)

- Individually Owned/Sole Proprietorship. Social Security No. \_\_\_\_\_
- General Partnership FEIN # \_\_\_\_\_
- Limited Partnership FEIN # \_\_\_\_\_
- Corporation. SOS Reg. #. \_\_\_\_\_
- Limited Liability Company. SOS Reg. #. \_\_\_\_\_
- Government Owned Program

For corporations, submit the Articles of Incorporation, for an LLC, submit the Articles of Organization, and for partnerships, provide attach a current executed partnership agreement for the applicant business with this application.

#### Section 5: Disciplinary History:

Within the preceding 7 years from the date of this application, has the applicant ever had a school or program approval and/or any other license suspended, revoked, placed on probation, or had other disciplinary action, including public reproof or reprimand, taken against a license the applicant has held by a state licensing board in or outside of California?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement to this application providing all of the following: (1) the name of the state licensing board that imposed the discipline, (2) the type of discipline imposed, (3) the effective dates of discipline; and (4) a description of the violations found by the state licensing board.

#### Section 6: Organization and Management:

Provide Attach an organizational chart which reflects the program's current status, identifies all positions within the program and clearly distinguishes lines of accountability and communication.

Document attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Section 7: Geographic Narrative:

Attach a description of the geographic area and community to be served by the proposed school or program (e.g, demographics, numbers of health facilities in the area in need of psychiatric technicians, or potential future growth of the community). If this information has not changed since submission of the applicant's Letter of Intent to the Board, please write check "No Changes to Letter of Intent" here.

Document attached:  Yes  No  No Changes to Letter of Intent

**Section 8: Feasibility Narrative:**

Attach a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.) the intended start date, and the projected size of the first class. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document attached:  Yes  No  No Changes to Letter of Intent

**Section 9: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document attached:  Yes  No  No Changes to Letter of Intent

---

**Section 10: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program (as described in Section 9). If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document attached:  Yes  No  No Changes to Letter of Intent

---

**Section 11: Clinical Facility Placement:**

Attach a completed *Clinical Facility Verification Form*, Form 56M-3A (New 04/2022 Revised 02/2024), for each health care facility. This form must be completed for each health care facility that agrees to provide clinical placement for students of the proposed program. 16 CCR section 2588 requires programs to have clinical facilities adequate as to number, type, and variety of patients treated, and to provide clinical experience for all students in the areas specified by 16 CCR section 2587.

Document attached:  Yes  No

---

**Section 12: Terminal Objectives:**

Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable criteria regarding the student's

successful completion of progressive components of the program, i.e. courses, terms, semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing of examinations as set forth in section 2570, and being able to perform as a competent entry level psychiatric technician. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document attached:  Yes  No  No Changes to Letter of Intent

---

**Section 13: Evaluation methodology for curriculum:**

Attach an explanation of the process that identifies the method(s) by which the curriculum is evaluated regularly.

Document attached:  Yes  No

---

**Section 14: Attach course outlines for each course:**

Attach a course outline, a document that reflects the outline and objectives for specific competencies related to essential elements within separate courses or terms. Course outlines reflect entry-level competencies within the PT scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document(s) attached:  Yes  No

---

**Section 15: Instructional plan:**

Attach the instructional plan and program hours for the proposed program using Forms 55M-2W and 56M-2E as described below. An instructional plan is a document that correlates theory and clinical content and hours on a weekly basis and provides an overview of the teaching schedule; the document must show the program's commitment to curriculum in which theory hours precede clinical hours. The following must be completed and submitted with this application: *Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan Form 55M-2W (New 4/2022 Revised 02/2024)* and *Summary of Program Hours Psychiatric Technician Form 56M-2E (New 4/2022 Revised 02/2024)* to meet the requirements of this section. Course outlines reflect entry-level competencies within the PT scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document attached:  Yes  No

---

**Section 16: Daily lesson plans:**

Attach copies of proposed daily lesson plans for the first two weeks of each course of instruction. A daily lesson plan is a document that correlates the theory and practice for each instruction day for the instructor to follow.

Document attached:  Yes  No

---

**Section 17: Faculty meeting methodology:**

Attach a document describing the faculty meeting methodology for the program, including a statement of the frequency of faculty meetings, and confirms that any minutes from those meetings shall be available to the Board's representative.

Document attached:  Yes  No

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**Section 18: Verification of Faculty Qualifications:**

Submit qualifications of the proposed faculty members for approval by the Board prior to employment as required by 16 CCR 2584. Attach a completed *Verification of Faculty Qualification Form 55M-10 (New 04/2022 Revised 02/2024)* for each proposed faculty member with this application.

Document(s) attached:  Yes  No

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**Section 19: Evaluation methodology for clinical facilities:**

Attach an explanation of the process for evaluating clinical facilities, including identification of the tool(s) used by the program to evaluate the clinical facilities), e.g., surveys, forms, checklists.

Document(s) attached:  Yes  No

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**Section 20: Admission criteria:**

~~Attach a document listing the~~ Provide an explanation of requirements for a student's admission to the school or program.

Document attached:  Yes  No

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**Section 21: Screening and selection criteria:**

~~Attach~~ Provide a document listing and explaining the criteria for selection of program candidates if there are more qualified applicants than available seats within an upcoming cohort. "Cohort" or "class" means a group of students intended for enrollment in an approved school or program of vocational nursing.

Document attached:  Yes  No

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**Section 22: Student Services List:**

Attach Provide a list of resources for provision of counseling and tutoring services for students



and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address). If this information has not changed since submission of the applicant's Letter of Intent to the Board, write check "No Changes to Letter of Intent" here.

Document attached:  Yes  No  No Changes to Letter of Intent

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### Section 23: Number of students:

Identify the proposed number of students for initial cohort: \_\_\_\_\_. If the school or program plans to accept alternate students, attach provide a document that describes the policy for admission of alternate students including:

- o The criteria for accepting alternate students; and
- o The process used if all alternates are not needed to fill class at the beginning of clinical experience.

Note the following per 16 CCR 2581:

- ❖ A school or program may admit alternate students in each new class to replace students who may drop out.
- ❖ The number of alternate students admitted may not exceed 10% of the school's approved number of students per class.
- ❖ Prior to admission, alternate students must be informed in writing of their alternate status and that they may be dropped from the program.
- ❖ Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.
- ❖ Upon commencement of clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that particular class.

Note: The number of students a school or program will be allowed to admit to its initial class is based on the program director's request and demonstrated available resources per 16 CCR 2585 and determined after all program documentation is submitted.

Document(s) attached:  Yes  No

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### Section 24: Evaluation methodology for student progress:

Attach Provide a statement that describes the elements used for evaluation of student progress. (May include grading policy). Explain the process or identify the tool used by the instructor and/or preceptor (if applicable) to evaluate student progress in mastering the course and program objectives. The written narrative must identify objectives or criteria for measuring student progress and the methods for evaluation, action, follow-up, and documentation of outcomes. This methodology may include quizzes, testing, mid-term evaluations etc. for early identification of at-risk students.

Document attached:  Yes  No

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**Section 25: Attendance policy:**

Attach Provide a written narrative describing the school or program's attendance policy in compliance with 16 CCR 2585(h), which must include:

- ❖ Attendance criteria; and,
- ❖ Make-up criteria and forms if applicable which specify appropriate methods for make-up of theory and clinical objectives.

Document attached:  Yes  No

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**Section 26: Grievance policy:**

Attach Provide a description of the program's grievance policy and for providing notice of the policy as required by 16 CCR 2585 (j)(3).

Document attached:  Yes  No

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**Section 27: Required Notices:**

Attach Provide a description of the process to advise students about their rights to contact the Board of program concerns, the program's process for credit granting for previous education and experience, and the program's Board-approved clinical facilities as required by 16 CCR 2585.

Document attached:  Yes  No

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**Section 28: Credit Granting:**

Attach Provide a description of the program's policy for giving credit toward the curriculum requirements, a determination of the curriculum area to which credit is applied, and justification for the credit applied, including how the program plans to comply with requirements for transfer credit for related previous education completed within the last five years in compliance with 16 CCR 2585.1.

Document attached:  Yes  No

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**Section 29: Remediation:**

Attach Provide a description of how the program evaluates student performance to determine the need for remediation, including the program's remediation criteria/policy and actions taken if the student does not fulfill the requirements.

Document attached:  Yes  No

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**Section 30: Program Resources:**

Attach Provide a detailed description of the program resources, including: classroom(s), library and other learning resources (e.g., texts, videos, software, online materials, and other materials used to assist students to meet the expectations for learning), support services (e.g, course and career counseling, student financial aid advisors), physical space, skills laboratory and equipment to achieve the program's objectives. The program may also submit pictures of the campus and resources to support the included description. (16 CCR 2585 (a))

Document attached:  Yes  No

**SECTION 31: Eligibility for Expedited Review of Application (for Individual Owners/Sole Proprietorships Only)**

A. Are you serving in, or have you previously served in, the United States military? (BPC section 114.5)

- Yes
- No

B. If you answered "yes" above, are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? (BPC section 115.4)

- Yes
- No

If you checked "Yes" for this question, please attach provide the following documentation to receive expedited review: evidence of your current military duty (copy of your military orders) or your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).

C. Do any of the following statements apply to you:

- Yes
- No

- You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code,
- You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of Title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters of those who worked for or on behalf of the United States government].

D. If you selected "yes," you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder as provided below. Failure to do so may result in application processing delays. "Evidence" shall include:

- Form I-94, arrival/departure record, with an admission class code such as "re" (refugee) or "ay" (asylee) or other information designating the person a refugee or asylee.
- Special Immigrant Visa that includes the "si" or "sq"
- Permanent resident card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Business and Professions Code section 135.4.

**I declare under penalty of perjury under the laws of the State of California that I am authorized to sign this application on behalf of the applicant, that I have read this application and the information provided herein along with any accompanying documents, and that the foregoing and all attachments are true and correct.**

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

Name of Applicant or Authorized representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information provided in this application will be used by the Board of Vocational Nursing and Psychiatric Technicians (Board) to determine whether the applicant institution qualifies for approval. Unless otherwise specified, all information requested on this application is mandatory. Sections 30, 31, 494.5, and 4531.1 of the California Business and Professions Code and Title 16 CCR section 2581 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, the Franchise Tax Board, the California Department of Tax and Fee Administration, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. Each individual or applicant has the right to review their file, except as otherwise provided by the California Information Practices Act. Social security numbers (SSN) and individual taxpayer identification numbers (ITIN) are not considered public records. However, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the Board is responsible for maintaining the information in this form, and may be contacted at 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833, telephone number 916-263-7843 regarding questions about this notice or access to records.



## VERIFICATION OF FACULTY QUALIFICATIONS FORM

**INSTRUCTIONS:** Complete this entire form to demonstrate Compliance with Title 16, California Code of Regulations (16 CCR) §§ 2529 and 2584. Submit separate forms for multiple campuses or programs.

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) as part of the application process for a new school or program of vocational nursing or for preparation of psychiatric technicians. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526 or 2581, as applicable. The information provided on this form will be used to evaluate eligibility for Board approval of a new program of vocational nursing or for the preparation of psychiatric technicians. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their Records by contacting the Board's Executive Officer at the above address or telephone number.

1. **Program or School Name** \_\_\_\_\_

2. **Type of Program (check one):**  VN Program  PT Program

3. **Faculty Applicant Full Name (must match name on license)** \_\_\_\_\_

4. **Position Title (check only one box)**

Director  Assistant Director  Instructor  Additional Faculty  Teacher Assistant

(Sections 5-9,12,13)

(Sections 5,7-9,12,13)

(Sections 5, 7-8,12,13)

(Section 10)

(Sections 7,11,12)

5. **Teaching Assignment:** (check all that apply):

Full-Time  Part-Time  Teaching Theory  Teaching Clinical

6. **Position Effective/Start Date (Director Only):** \_\_\_\_\_

7. **Professional License Information (Complete all that apply and attach a copy of license or licensure):**

CA RN Lic #: \_\_\_\_\_  CA LVN Lic #: \_\_\_\_\_  CA PT Lic #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_  Exp. Date: \_\_\_\_\_  Exp. Date: \_\_\_\_\_

**8. Faculty Teaching Qualifications:** You must submit applicable documents to demonstrate compliance with CCR §2529(VN Program) or §2584 (PT Program). Check all applicable box(es). Commonly used documents appear in parentheses.

- Teaching Course: (Certificate of Completion from an approved school or School Transcript). If teaching content is unclear from the certificate or transcript, a copy of the course description from the school's catalog is requested.
- Current Active California Professional License.
- Baccalaureate Degree from Accredited School, University, or College: (Copy of school transcript showing date degree conferred, or diploma verifying program completion). For documents from a foreign jurisdiction, please include certification of equivalency by a foreign credential evaluation service that is a member of the such as National Association of Credential Evaluation Services.
- Valid Teaching Credential: (Copy of Credential). Note that a credential does not constitute proof of a teaching course. The teaching course certificate or transcript from an approved school will need to be included.
- Minimum Qualifications for Faculty and Administrators in California Community Colleges.
  - o Bachelor's Degree; and two years of experience; OR
  - o Associate Degree: and six years of experience

**9. Director and Assistant Director Course Requirements:** You must submit a copy of faculty applicant's certificate or transcript from an ~~accredited institution~~ approved school verifying successful completion of the following courses; Administration; Teaching; and Curriculum Development. If the course content cannot be clearly identified, submit a copy of the catalog course description. Required per Title 16 CCR §§ 2529(c)(1) [VN Director Qualifications], 2529(c)(2) [VN Assistant Director Qualifications]; 2584(c)(1) [PT Director Qualifications], 2584(c)(2) [PT Assistant Director qualifications].

**Check each box to ensure you attached the required documents:**

- Administration
- Teaching
- Curriculum Development

**10. Additional Faculty Only:** Curriculum courses to be taught (check all that apply):

- |                                     |                                       |  |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Anatomy    | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Normal Growth and Development |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Nutrition    | <input type="checkbox"/> Other: _____                  |

**Check all that apply** (per Regulations, one requirement below must be met for additional faculty):

- Baccalaureate Degree from Approved School, University, or College in Discipline related to curriculum content taught.
- Meets California Community College or California State University Teaching Requirements.

**11. Teacher Assistants Only:** Check the box after reading the following statement:

The Board requires, according to 16 CCR sections 2530 and 2585, that each teacher assistant works under the direction of an approved instructor. No more than one teacher assistant maybe assigned to each instructor. Each teacher assistant shall assist the instructor in skills lab and clinical teaching only. The instructor to whom the teacher assistant is assigned shall be available to provide direction to the teacher assistant, as needed. The maximum instructor to student ratio of 1:15 does not increase with the addition of a teacher assistant.

**12. Professional Experience as an RN, LVN or PT**

(Include work experience over the last six years. Document teaching experience in #13 only.)

From: (dd/mm/yy)	To:	Employer/City/State	RN/VN/PT Position/Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**13. Teaching Experience**

Include teaching experience over the last six years in an accredited/approved vocational/practical nursing program, psychiatric technician program or registered nursing program ONLY. DO NOT include CNA, DSD or hospital-based educator.

From: (dd/mm/yy)	To:	Employer/City/State	Theory/Clinical Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that the information contained in and submitted with this application is true and correct.***

Faculty Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Email Address (New Directors Only): \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's Email Address \_\_\_\_\_

**SUMMARY OF INSTRUCTIONAL PLAN PROGRAM HOURS  
VOCATIONAL NURSING PROGRAM**

Name of Program: \_\_\_\_\_ Date: \_\_\_\_\_

Reference: California Code of Regulations (CCR) Title 16 2532 (Curriculum Hours) and Title 16 2533 (Curriculum Content)

Curriculum Content	Prerequisites	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Comments	Totals
Anatomy & Physiology									0
Nutrition									0
Psychology									0
Growth & Development									0
Fundamentals of Nursing									0
Nursing Process									0
Communication including with pts w/psych disorders									0
Patient Education									0
*Pharmacology									0
Medical/Surgical Nursing									0
Communicable Disease									0
Gerontological Nursing									0
Rehabilitation Nursing									0
Maternity Nursing									0
Pediatric Nursing									0
Leadership									0
Supervision									0
Ethics & Unethical Cond.									0
Critical Thinking									0
Culturally Congruent Care									0
End-of-Life Care									0
<b>Total Theory Hours</b>	0	0	0	0	0	0			0
Skills Lab Hours									0
Simulation Hours (if approved)									0
Clinical Experience Hours									0
<b>Total Clinical Hours</b>	0	0	0	0	0	0			0

**TOTAL PROGRAM HOURS** \_\_\_\_\_

**Breakout of Clinical Hours by Topic Areas:**

Topic	Hours
Fundamentals	
Medical-Surgical	
Pediatrics	
Maternity	
Leadership/Supervision	
<b>Total Clinical Hours (should match cell H33)</b>	0

\*Pharmacology shall include:  
 • Knowledge of commonly used drugs and their actions  
 • Computation of dosages  
 • Preparation of medications  
 • Principles of Administration

If some hours are integrated (not directly counted) please show these hours within parentheses or brackets.



**SUMMARY OF PROGRAM HOURS  
PSYCHIATRIC TECHNICIAN PROGRAM**

Name of Program: \_\_\_\_\_ Date: \_\_\_\_\_

Reference: California Code of Regulations (CCR) Title 16 2586 (Curriculum Hours) and 2587 (Curriculum Content)

Curriculum Content	Prerequisites	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Totals
Anatomy & Physiology								0
Nutrition								0
Psychology								0
Normal Growth & Development								0
Nursing Process								0
Communication								0
Nursing Science								0
Fundamentals								0
Med/Surg								0
Comm Dis								0
Gerontological								0
Patient Education								0
*Pharmacology								0
Developmental Disabilities								0
*Mental Disorders								0
Leadership								0
Supervision								0
Ethics								0
Critical Thinking								0
Culturally Congruent Care								0
End of Life Care								0
								0
								0
								0
<b>Total Theory Hours</b>	0	0	0	0	0	0	0	0
Skills Lab Hours								0
Simulation Hours (if approved)								0
Clinical Experience Hours Hrs								0
<b>Total Clinical Hours</b>	0	0	0	0	0	0	0	0

**TOTAL PROGRAM HOURS** \_\_\_\_\_ **0**

**Breakout of Clinical Hours by Topic Areas:**

Topic	Hours
Nursing Science Fundamentals	0
Nursing Science Medical-Surgical	0
Developmental Disabilities	0
Mental Disorders	0
<b>Total Clinical Hours</b>	0

\*Pharmacology shall include:  
 • Knowledge of commonly used drugs and their actions  
 • Computation of dosages  
 • Preparation of medications  
 • Principles of Administration  
 \*Mental Disorders shall include addictive behaviors and eating disorders  
 If some hours are integrated (not directly counted) please show these hours within parentheses or brackets.





**INTENT FOR CLINICAL FACILITY PLACEMENT**

Program Name: \_\_\_\_\_ Type:  VN  PT

Program Campus Location: \_\_\_\_\_

Clinical Experience Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Administrator/Director Name: \_\_\_\_\_

Name/Title of Person Responsible for Student Placement: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Projected Term/Semester for Clinical Site: \_\_\_\_\_

Projected Content Area(s): \_\_\_\_\_

Projected Number of Students per Rotation: \_\_\_\_\_

Facility Director's Printed Name: \_\_\_\_\_

Facility Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Printed Name: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new school or program. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526 or 2531, as applicable. The information provided on this form will be used to identify the proposed school or program and to calculate an estimated wait time until active assignment to a nursing education consultant. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.~~



**CLINICAL FACILITY VERIFICATION FORM - VN**

This form must be completed in its entirety by each health care facility that agrees to provide clinical placement for students of the ~~below-proposed~~ educational program listed below. Failure to complete the form may result in a delay in the processing of the application ~~for the proposed program~~.

Program Name: \_\_\_\_\_ Director's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Health Care Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Facility (acute care, SNF, long term care, clinic, private practice office, etc.): \_\_\_\_\_

Name of Director of Nursing/Primary Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Term/Semester Requested: \_\_\_\_\_

	Medical Surgical	Leadership Supervision	Maternity	Pediatrics	Psychology- Mental Health	Fundamentals
Type of units where students can be placed in the health care facility (place X in column):						
Average daily census for each area:						
Number of students placed in the unit at any one time:						
Identify shifts and days available for placement of students in the program:						

Instructor to student ratio \_\_\_\_\_

This facility ~~agrees-intends to provide offer~~ clinical placement(s) to this new program.

Signature of Facility Representative Completing this Form \_\_\_\_\_

\_\_\_\_\_ Date

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) as part of the application process for a new school or program of vocational nursing or for preparation of psychiatric technicians. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526, as applicable. The information provided on this form will be used to evaluate eligibility for Board approval of a new program of vocational nursing or for the preparation of psychiatric technicians. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.



**CLINICAL FACILITY VERIFICATION FORM - PT**

This form must be completed in its entirety by each health care facility that agrees to provide clinical placement for students of the below-proposed educational program listed below. Failure to complete the form may result in a delay in the processing of the application for the proposed program.

Program Name: \_\_\_\_\_ Director's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Health Care Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Facility (acute care, SNF, long term care, clinic, develop. disabled, etc.): \_\_\_\_\_

Name of Director of Nursing/Primary Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Term/Semester Requested: \_\_\_\_\_

	Medical Surgical	Leadership Supervision	Develop. Disabled	Mental Disorders	Fundamentals
Type of units where students can be placed in the healthcare facility (place X in column):					
Average daily census for each area:					
Number of students placed in the unit at any one time:					
Identify shifts and days available for placement of students in the program:					

Instructor to student ratio: \_\_\_\_\_

This facility agrees ~~intends to provide~~ offer clinical placement(s) to this new program.

\_\_\_\_\_  
 Signature of Facility Representative Completing this Form

\_\_\_\_\_  
 Date

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) as part of the application process for a new school or program of vocational nursing or for preparation of psychiatric technicians. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations section 2581, as applicable. The information provided on this form will be used to evaluate eligibility for Board approval of a new program for the preparation of psychiatric technicians. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.



**CONTINUING APPROVAL APPLICATION FOR A VOCATIONAL NURSING  
SCHOOL OR PROGRAM  
\$5,000 Fee**

**Section 1: Program Information**

Program Name: \_\_\_\_\_

Physical Address of Program: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ CA: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

Program Type:     \_\_\_ Full Time                                     \_\_\_ Part Time

\_\_\_ Community College             \_\_\_ Adult School             \_\_\_ Regional Occupational  
Program

\_\_\_ Private                             \_\_\_ Hospital-Based             Other: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Director Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliate Campus Only:** If this program is affiliated with an approved school or program, provide all of the following information. "Affiliated" means your school or program has a formal collaborative agreement with an approved school or program, as defined in BPC section 2881, that controls its academic policies and curriculum, and where your school or program agrees to utilize the policies and curriculum of the approved school or program.

Affiliate Campus Name: \_\_\_\_\_

Affiliate Campus Address: \_\_\_\_\_

Affiliate Campus Contact Name: \_\_\_\_\_

Affiliate Campus Contact Telephone Number: \_\_\_\_\_

Affiliate Campus Contact Email Address: \_\_\_\_\_

**Section 2: Contact Person for this Application:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 3: Applicant/Ownership Information:**

Full Legal Name of Applicant/Owner of Program \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For corporation or LLC applicants, please list the following information for each of the principal individuals who are the officer(s), managers or officials of the entity who are responsible for the operations or management of the corporation or LLC.

Individual 1:

Name	Title
_____	_____
Address	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security Number/ITIN	E-mail address
_____	_____

Individual 2:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security No./ITIN	E-mail address
_____	_____

Individual 3:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____

City, State, ZIP \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Social Security No./ITIN \_\_\_\_\_

E-mail address \_\_\_\_\_

**Notice:** Collection of the SSN, ITIN, and FEIN is authorized by BPC sections 30 and 31. SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, and compliance with any judgment or order for family support in accordance with Family Code section 17520. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed, and you will be reported to the Franchise Tax Board; they may assess a \$100 penalty against you.

#### Section 4: Form of Business Organization:

The applicant will operate the program as a (check only one):

(Note: For corporations and Limited Liability Companies (LLC), provide a current and active California Secretary of State corporate or LLC entity registration number below. For questions regarding registration requirements, contact the California Secretary of State; their information is available at [www.sos.ca.gov](http://www.sos.ca.gov).)

- Individually Owned/Sole Proprietorship. Social Security No. \_\_\_\_\_
- General Partnership FEIN # \_\_\_\_\_
- Limited Partnership FEIN # \_\_\_\_\_
- Corporation. SOS Reg. #. \_\_\_\_\_
- Limited Liability Company. SOS Reg. #. \_\_\_\_\_
- Government Owned Program

(For corporations, submit the Articles of Incorporation, for an LLC, submit the Articles of Organization, and for partnerships, provide a current executed partnership agreement for the applicant business with this application.)

#### Section 5: Disciplinary History:

Within the preceding 7 years from the date of this application, has the applicant ever had a school or program approval and/or any other license suspended, revoked, placed on probation, or had other disciplinary action, including public reproof or reprimand, taken against a license the applicant has held by a state licensing board in or outside of California?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement to this application providing all of the following: (1) the name of the state licensing board that imposed the discipline, (2) the type of discipline imposed, (3) the effective dates of discipline; and (4) a description of the violations found by the state licensing board.

#### Section 6: Organization and Management:

Provide Attach an organizational chart which reflects the program's current status; identifies all positions within the program and clearly distinguishes lines of accountability and communication.

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No



**Required Documents/Forms (16 CCR 2526, 2529, 2530, 2532, 2533, and 2534)**

**Section 7: Geographic Narrative:**

~~Provide~~ Attach a description of the geographic area and community to be served by the proposed school or program (e.g, demographics, numbers of health facilities in the area in need of nursing, or potential future growth of the community).

Document is attached:  Yes  No

---

**Section 8: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning.

Document is attached:  Yes  No

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**Section 9: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program.

Document is attached:  Yes  No

---

---

**Section 10: Clinical Facility Placement:**

Attach a list of the program's clinical facilities, completed Complete a Clinical Facility Verification Form, Form 55M-3A (New 04/2022 Revised 02/2024), for each new health care facility prior to use. This form must be completed for each health care facility that agrees to provide clinical placement for students of the proposed program. 16 CCR section 2534 requires programs to have clinical facilities adequate as to number, type, and variety of patients treated, and to provide clinical experience for all students in the areas specified by 16CCR section 2533.

Document is attached:  Yes  No

---

**Section 11: Terminal Objectives:**

~~Submit~~ Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable criteria regarding the student's successful completion of progressive components of the program, i.e. courses, terms, semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing of the examination as set forth in section 2510, and being able to perform as a competent entry level vocational nurse.

Document is attached:  Yes  No

---

**Section 12: Attach course outlines for each course:**

Submit Attach documents that reflect the outline and objectives for specific competencies related to essential elements within separate courses or terms.

Course outlines reflect entry-level competencies within the VN scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document is attached:  Yes  No

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**Section 13: Instructional plan:**

1. Submit Attach the following form, which is to be completed and submitted with this application: *Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan (Form 55M-2W) (New 04/2022 Revised 02/2024)*. An instructional plan is a document that correlates theory and clinical content and hours on a weekly basis and provides an overview of the teaching schedule; the document shall commit to curriculum in which theory hours precede clinical hours.
2. Is the instructional plan available to all faculty?  
 Yes  No

Document is attached:  Yes  No

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**Section 14: Daily lesson plans:**

Attach copies of daily lesson plans for courses of instruction in the following subjects (for theory and skills): diabetes, fundamentals, medical/surgical nursing, pediatrics, leadership and maternity. A daily lesson plan is a document that correlates the theory and practice for each instruction day for the instructor to follow.

Documents attached:  Yes  No

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**Section 15: Evaluation methodology for curriculum:**

Submit Attach an explanation of the process that identifies the method(s) by which the curriculum is evaluated regularly. Submit complete unredacted curriculum reviews based on your stated methodology. The reviews should cover the past 18 months as a sample size.

Document is attached:  Yes  No

---

**Section 16: Verification of Faculty Qualifications:**

~~Submit~~ Attach a list of the program's faculty. ~~Complete a this-completed form for each faculty member as described in 16 CCR 2529: Verification of Faculty Qualifications Form: (Form 55M-10 New 04/2022 Revised 02/2024)~~ for the program for new faculty prior to employment. (16 CCR 2529.)

Documents attached:  Yes  No

---

**Section 17: Evaluation methodology for clinical facilities:**

~~Submit~~ Attach an explanation of the process and identify the tool(s) i.e. surveys, forms, checklists, used by the program to evaluate the clinical facilities. ~~Submit~~ Attach unredacted clinical facility evaluations based on your stated methodology. The reviews should cover the past 18 months as a sample size.

Document is attached:  Yes  No

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**Section 18: Admission criteria:**

~~Submit~~ Attach an explanation of the policy requirements for admission to the school or program. Documentation must include verification for current students enrolled in the program that the program follows its admission policy. For example, student's entrance examination results, health requirements, letters of recommendation, if noted in the program's stated admission policy.

Document is attached:  Yes  No

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~~Submit~~ Attach a document listing and explaining the criteria for selection of program candidates if there are more qualified applicants than available seats within an upcoming cohort.

Document is attached:  Yes  No

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**Section 20: Student Services List:**

~~Submit~~ Attach a list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address).

Document is attached:  Yes  No



**Section 21: Number of students:**

1. Submit the program's current pattern of admissions including frequency and number of students per class. If the program consists of more than one track, i.e., full-time and part-time, weekday and weekend, day and evening, indicate enrollment and frequency for each.
2. ~~Submit~~ Attach a document showing current and projected student enrollment numbers in your program for the next four years.
3. Do you admit alternate students to your program:  Yes  No  
If Yes, ~~submit~~ attach a copy of the information you provide to alternate students to define the program's policy.

Documents attached:  Yes  No

---

**Section 22: Evaluation methodology for student progress:**

~~Submit~~ Attach a copy of your evaluation methodology for student progress. (May include grading policy.) Explain the process or identify the tool used by the instructor and/or preceptor (if applicable) to evaluate student progress in mastering the course and program objectives. The written narrative must identify objectives or criteria for measuring student progress and the methods for evaluation, action, follow-up, and documentation of outcomes. This methodology may include quizzes, testing, mid-term evaluations etc. for early identification of at-risk students.

Documents attached:  Yes  No

---

**Section 23: Remediation:**

~~Submit~~ Attach the remediation policy. ~~Submit~~ and a copy of completed remediation forms or documentation of remediation for each student: (a) currently in remediation (b) previously in remediation during any time over the past 18 months ~~four years~~; (c) or a document stating that there are no students on remediation for your program.

Documents attached:  Yes  No

---

**Section 24: Attendance policy:**

~~Submit~~ Attach a current copy of the attendance policy and unredacted records/rosters of all student absences for the current terms or semesters. The record/roster must include the student's name and length of absence(s). If the attendance policy does not specify, list the types of make-up assignment used for theory, skills lab and clinical experience.

Document attached:  Yes  No

---

**Section 25: Grievance policy:**

Submit Attach a copy of the current grievance policy. Document attached:

\_\_\_\_\_ Yes    \_\_\_\_\_ No    -

**Section 26: Required Notices:**

Submit Attach copies of all materials provided to students advising the students on their right to contact the Board, credit granting, the school/program's grievance process and a list of approved clinical facilities.

Documents attached:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

---

**Section 27: Credit Granting:**

Submit Attach a description of the school or program's policy for giving credit toward the curriculum requirements, a determination of the curriculum area to which credit is applied, and justification for the credit applied, as required by 16 CCR 2535. Also submit documentation that verifies student acknowledgement and understanding of the credit granting policy with student signature and date.

Document attached:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

---

**Section 28: Transfer Credit:**

Submit Attach documentation for each new cohort (since the last approval) verifying eligible students received or were denied transfer credit per 16 CCR 2535 for the following:

- (1) Approved vocational or practical nursing courses.
- (2) Approved registered nursing courses.
- (3) Approved psychiatric technician courses.
- (4) Armed services nursing courses.
- (5) Certified nurse assistant courses.
- (6) Other courses the school determines are equivalent to courses in the program.

The documentation must include the student's name, term/semester, student identification number, the status of the credit (approved/denied), and signature/date from the student and Program Director.

Documents attached:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

---

**Section 29: Competency-Based Credit:**

If applicable, ~~submit~~ attach a list of names of all currently enrolled students who, upon admission, indicated related previous work experience. For each of these students, describe the testing, written or practical, conducted by the program, the amount of credit granted and the curriculum area to which credit was applied.

Document attached:  Yes  No

---

**Section 30: Program Resources:**

~~Submit~~ Attach a detailed description of the program resources, including: classroom(s), library and other learning resources (e.g., texts, videos, software, online materials, and other materials used to assist students to meet the expectations for learning), support services (e.g, course and career counseling, student financial aid advisors), physical space, skills laboratory and equipment to achieve the program's objectives. The program may also submit pictures of the campus and resources to support the included description. 16 CCR 2530 (a)

Document attached:  Yes  No

---

**Section 31: Faculty Meeting Minutes:**

~~Submit~~ Attach copies of ~~each~~ faculty attendance sheets and meeting minutes for each meeting over the past 18 months ~~four years~~. Copies of records for no more than 16 meetings need to be submitted.

Documents attached:  Yes  No

---

**Section 32: Education Equivalency:**

~~Submit~~ Attach a list of all currently enrolled students and ~~proof~~ showing status of graduation from high school or the equivalency.

Documents attached:  Yes  No

---

**Section 33: Program Hours:**

Program hours: ~~Submit~~ Attach with this application the following completed form: *Summary of Instructional Plan Program Hours - Vocational Nursing Program (Form 55M-2E)* ~~(New 04/2022)~~ Revised 02/2024 as a summary of all program hours.

Documents attached:  Yes  No

---



**Section 34: Preceptorship:**

Does the program offer a preceptorship:  Yes  No

If Yes, provide the date of the Board's approval of the preceptorship consistent with 16 CCR 2534.1: \_\_\_\_\_.

**Section 35: For Private Post Secondary Schools ONLY:**

Submit Attach a copy of the official document indicating current approval to operate your school by the California Bureau for Private Postsecondary Education.

Document attached:  Yes  No

**Section 36: Fee Reduction Request:**

If requesting a reduction in the continuing approval fee of \$5,000 per 16 CCR 2537.2 based upon a reduction in state funding that directly leads to a reduction in enrollment capacity, you must provide the following with this application:

- A copy of the class rosters for the current semester or term, and the previous three consecutive semesters or terms, which demonstrate a cumulative decline in enrollment of more than 10 percent.

Document attached:  Yes  No

**I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: CA

Zip: \_\_\_\_\_

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information provided in this application will be used by the Board of Vocational Nursing and Psychiatric Technicians (Board) to determine whether the applicant institution qualifies for continuing approval. Unless otherwise specified, all information requested on this application is mandatory. Sections 30, 31, 494.5, and 2881.2 of the California Business and Professions Code and Title 16 CCR section

2526 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, the Franchise Tax Board, the California Department of Tax and Fee Administration, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. Each individual or applicant has the right to review their file, except as otherwise provided by the California Information Practices Act. Social security numbers (SSN) and individual taxpayer identification numbers (ITIN) are not considered public records. However, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the Board is responsible for maintaining the information in this form, and may be contacted at 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833, telephone number 916-263-7843 regarding questions about this notice or access to records.



**CONTINUING APPROVAL APPLICATION FOR A PSYCHIATRIC TECHNICIAN  
SCHOOL OR PROGRAM  
\$5,000 Fee**

**Section 1: Program Information**

Program Name: \_\_\_\_\_

Physical Address of Program: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ CA: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

Program Type:     \_\_\_ Full Time                     \_\_\_ Part Time

\_\_\_ Community College             \_\_\_ Adult School             \_\_\_ Regional Occupational  
Program

\_\_\_ Private                     \_\_\_ Hospital-Based             \_\_\_ Other: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Director Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliate Campus Only:** If this program is affiliated with an approved school or program, provide all of the following information. "Affiliated" means your school or program has a formal collaborative agreement with an approved school or program, as defined in BPC section 2881, that controls its academic policies and curriculum, and where your school or program agrees to utilize the policies and curriculum of the approved school or program.

Affiliate Campus Name: \_\_\_\_\_

Affiliate Campus Address: \_\_\_\_\_

Affiliate Campus Contact Name: \_\_\_\_\_

Affiliate Campus Contact Telephone Number: \_\_\_\_\_

Affiliate Campus Contact Email Address: \_\_\_\_\_

**Section 2: Contact Person for this Application:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 3: Applicant/Ownership Information:**

Full Legal Name of Applicant/Owner of Program: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For corporation or LLC applicants, please list the following information for each of the principal individuals who are the officer(s), managers or officials of the entity who are responsible for the operations or management of the corporation or LLC.

Individual 1:

Name	Title
_____	_____
Address	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security Number/ITIN	E-mail address
_____	_____

Individual 2:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security No./ITIN	E-mail address
_____	_____

Individual 3:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____

City, State, ZIP

Alternate Phone

Social Security No./ITIN

E-mail address

**Notice:** Collection of the SSN, ITIN, and FEIN is authorized by BPC sections 30 and 31. SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, and compliance with any judgment or order for family support in accordance with Family Code section 17520. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed, and you will be reported to the Franchise Tax Board; they may assess a \$100 penalty against you.

**Section 4: Form of Business Organization:**

The applicant will operate the program as a (check only one):

(Note: For corporations and Limited Liability Companies (LLC), please provide a current and active California Secretary of State corporate or LLC entity registration number below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at [www.sos.ca.gov](http://www.sos.ca.gov).)

- Individually Owned/Sole Proprietorship. Social Security No. \_\_\_\_\_
- General Partnership FEIN # \_\_\_\_\_
- Limited Partnership FEIN # \_\_\_\_\_
- Corporation SOS Reg # \_\_\_\_\_
- Limited Liability Company SOS Reg # \_\_\_\_\_
- Government Owned Program

(For corporations, please submit the Articles of Incorporation, for an LLC, please submit the Articles of Organization, and for partnerships, please provide a current executed partnership agreement for the applicant business with this application.)

**Section 5: Disciplinary History:**

Within the preceding 7 years from the date of this application, has the applicant ever had a school or program approval and/or any other license suspended, revoked, placed on probation, or had other disciplinary action, including public reproof or reprimand, taken against a license the applicant has held by a state licensing board in or outside of California?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement to this application providing all of the following: (1) the name of the state licensing board that imposed the discipline; (2) the type of discipline imposed; (3) the effective dates of discipline; and (4) a description of the violations found by the state licensing board.

**Section 6: Organization and Management:**

Provide Attach an organizational chart which reflects the program's current status; identifies all positions within the program and clearly distinguishes lines of accountability and communication.

Document is attached:  Yes  No

**Required Documents/Forms (16 CCR 2581, 2584, 2585, 2585.1, 2586, 2587, 2588 and 2588.1)**

**Section 7: Geographic Narrative:**

Provide Attach a description of the geographic area and community to be served by the proposed school or program (e.g, demographics, numbers of health facilities in the area in need of psychiatric technicians, or potential future growth of the community).

Document attached:  Yes  No

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**Section 8: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning.

Document attached:  Yes  No

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**Section 9: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program.

Document attached:  Yes  No

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**Section 10: Clinical Facility Placement:**

Attach a list of the program's clinical facilities. completed Complete a Clinical Facility Verification Form, Form 56M-3A (New 04/2022 Revised 02/2024), for each new health care facility. This form must be completed for each health care facility that agrees to provide clinical placement for students of the proposed program. 16 CCR section 2588 requires programs to have clinical facilities adequate as to number, type, and variety of patients treated, and to provide clinical experience for all students in the areas specified by 16CCR section 2587.

Document attached:  Yes  No

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**Section 11: Terminal Objectives:**

Submit Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable criteria regarding the student's successful completion of progressive components of the program, i.e. courses, terms, semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing examinations as set forth in section 2570, and being able to perform as a competent entry level psychiatric technician.

Document attached:  Yes  No

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**Section 12: Attach course outlines-for each course:**

Submit Attach documents that reflect the outline and objectives for specific competencies related to essential elements within separate courses or terms.

Course outlines reflect entry-level competencies within the PT scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document attached:  Yes  No

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1. Submit Attach the following form, which is to be completed and submitted with this application: *Vocational Nursing or Psychiatric Technician Program Curriculum Content* - *Instructional Plan Form 55M-2W (New 04/2022 Revised 02/2024)*. An instructional plan is a document that correlates theory and clinical content and hours on a weekly basis and provides an overview of the teaching schedule; the document shall commit to curriculum in which theory hours precede clinical hours.
2. Is the instructional plan available to all faculty?

Document attached:  Yes  No

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**Section 14: Daily lesson plans:**

Attach copies of daily lesson plans for the first two weeks of each course of instruction in the following subjects (for theory and skills): diabetes, fundamentals, medical/surgical nursing, leadership, mental disorders and developmentally disabled. A daily lesson plan is a document that correlates the theory and practice for each instruction day for the instructor to follow.

Document(s) attached:  Yes  No

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**Section 15: Evaluation methodology for curriculum:**

~~Submit~~ Attach an explanation of the process that identifies the method(s) by which the curriculum is evaluated regularly. Submit complete unredacted curriculum reviews based on your stated methodology. The reviews should cover the past 18 months as a sample size.

Document attached:  Yes  No

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~~Submit~~ Attach a list of the program's faculty. Complete a this completed form for each faculty member as described in 16 CCR 2584 Verification of Faculty Qualifications Form: Form 55M-10 (New 04/2022 Revised 02/2024) for new faculty prior to employment. the program. (16 CCR 2584.)

Document attached:  Yes  No

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**Section 17: Evaluation methodology for clinical facilities:**

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Document attached:  Yes  No

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**Section 18: Admission criteria:**

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Document attached:  Yes  No

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**Section 20: Student services list:**

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1. Submit the program's current pattern of admissions including frequency and number of students per class. If the program consists of more than one track, i.e., full-time and part-time, week day and weekend, day and evening, please indicate enrollment and frequency for each.)
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3. Do you admit alternate students to your program:  Yes  No  
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stating that there are no students on remediation for your program.

Documents attached:  Yes  No

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**Section 24: Attendance policy:**

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Document attached:  Yes  No

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Submit Attach copies of all materials provided to students advising the students on their right to contact the Board, credit granting, the school/program's grievance process and a list of approved clinical facilities.

Documents attached:  Yes  No

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Documents attached:  Yes  No

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**Section 28: Transfer credit:**

Submit Attach documentation for each new cohort (since the last approval) verifying eligible students received or were denied transfer credit per 16 CCR 2585.1(a) for the following:

- (1) Approved vocational or practical nursing courses.
- (2) Approved registered nursing courses.

- (3) Approved psychiatric technician courses.
- (4) Armed services nursing courses.
- (5) Certified nurse assistant courses.
- (6) Other courses the school determines are equivalent to courses in the program.

The documentation must include the student's name, term/semester, student identification number, the status of the credit (approved/denied), and signature/date from the student and Program Director.

Document(s) attached:  Yes  No

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**Section 29: Competency-based credit:**

If applicable, ~~submit~~ attach a list of names of all currently enrolled students who, upon admission, indicated related previous work experience. For each of these students, describe the testing, written or practical, conducted by the program, the amount of credit granted and the curriculum area to which credit was applied.

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Document attached:  Yes  No

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**Section 31: Faculty meeting minutes:**

~~Submit~~ Attach copies of ~~each~~ faculty attendance sheets and meeting minutes for each meeting over the past 18 months ~~four years~~. Copies of records for no more than 16 meetings need to be submitted.

Documents attached:  Yes  No

---

**Section 32: Education equivalency:**

Submit Attach a list of all currently enrolled students and proof of graduation from high school or the equivalency.

Documents attached:  Yes  No

---

**Section 33: Program hours:**

Program hours: Submit Attach the following completed form: *Summary of Program Hours – Psychiatric Technician Program Form 56M-2E (New 04/2022 Revised 02/2024)* as a summary of all program hours.

Documents attached:  Yes  No

---

**Section 34: Preceptorship:**

Does the program offer a preceptorship:  Yes  No

If Yes, provide the date of the Board's approval of the preceptorship consistent with 16 CCR 2588.1: \_\_\_\_\_.

---

**Section 35: For Private Post Secondary Schools ONLY:**

Submit Attach a copy of the official document indicating current approval to operate your school by the California Bureau for Private Postsecondary Education.

Document is attached:  Yes  No

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**Section 36: Fee reduction request:**

If requesting a reduction in the continuing approval fee of \$5,000 per 16 CCR 2590.2 based upon a reduction in state funding that directly leads to a reduction in enrollment capacity, you must provide the following:

- A copy of the class rosters for the current semester or term, and the previous three consecutive semesters or terms, which demonstrate a cumulative decline in enrollment of more than 10 percent.
- 

**I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.**

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip \_\_\_\_\_

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information provided in this application will be used by the Board of Vocational Nursing and Psychiatric Technicians (Board) to determine whether the applicant institution qualifies for continuing approval. Unless otherwise specified, all information requested on this application is mandatory. Sections 30, 31, 494.5, and 4531.1 of the California Business and Professions Code and Title 16 CCR section 2581 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, the Franchise Tax Board, the California Department of Tax and Fee Administration, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. Each individual or applicant has the right to review their file, except as otherwise provided by the California Information Practices Act. Social security numbers (SSN) and individual taxpayer identification numbers (ITIN) are not considered public records. However, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the Board is responsible for maintaining the information in this form, and may be contacted at 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833, telephone number 916-263-7843 regarding questions about this notice or access to records.

