



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 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: 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 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.



**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 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 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 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.)

- 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 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 "No Changes to Letter of Intent" here.

Document is attached: ____ Yes ____ No

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 "No Changes to Letter of Intent" here.

Document is attached: Yes No

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 “No Changes to Letter of Intent” here.

Document is attached: Yes No

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 “No Changes to Letter of Intent” here.

Document is attached: Yes No

Section 11: Clinical Facility Placement:

Attach a completed *Clinical Facility Verification Form*, Form 55M-3A (New 04/2022), 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 “No Changes to Letter of Intent” here.

Document is attached: Yes No

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 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) and *Summary of Instructional Plan Program Hours* Form 55M-2E (New 04/2022) 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 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) for each proposed faculty member with this application.

Document(s) attached: Yes No

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

Section 20: Admission criteria:

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

Document is attached: Yes No

Section 21: Screening and selection criteria:

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

Section 22: Student Services List:

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 "No Changes to Letter of Intent" here.

Document is attached: Yes No

Section 23: Number of students:

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

- The criteria for accepting alternate students; and
- 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

Section 24: Evaluation methodology for student progress:

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:

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

Section 26: Grievance policy:

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

Section 27: Required Notices:

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

Section 28: Credit Granting:

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

Section 29: Remediation:

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

Section 30: Program Resources:

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

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 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 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.



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. 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 intends to 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.

**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 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
Total Theory Hours	0	0	0	0	0	0			0
Skills Lab Hours									0
Simulation (if approved)									0
Clinical Experience Hrs									0
Total Clinical Hours	0	0	0	0	0	0			0
TOTAL PROGRAM HOURS									0

Breakout of Clinical Hours by Topic Areas:

Topic	Hours
Fundamentals	
Medical-Surgical	
Pediatrics	
Maternity	
Leadership/Supervision	
Total Clinical Hours (should match cell H33)	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.



**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.)

- 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 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 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

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 completed *Clinical Facility Verification Form*, Form 55M-3A (New 04/2022), 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 11: Terminal Objectives:

Submit 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 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

Section 13: Instructional plan:

1. Submit 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). 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

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, 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

Section 15: Evaluation methodology for curriculum:

Submit 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 this completed form for each faculty member as described in 16 CCR 2529: *Verification of Faculty Qualifications Form*: (Form 55M-10 New 04/2022) for the program.

Documents attached: Yes No

Section 17: Evaluation methodology for clinical facilities:

Submit 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 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

Section 18: Admission criteria:

Submit 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

Section 19: Screening and selection criteria:

Submit 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

Section 20: Student Services List:

Submit 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 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 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 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 the remediation policy. Submit 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 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 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 a copy of the current grievance policy.

Document attached: Yes No

Section 26: Required Notices:

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

Documents attached: Yes No

Section 32: Education Equivalency:

Submit 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 with this application the following completed form: *Summary of Instructional Plan Program Hours - Vocational Nursing Program* (Form 55M-2E) 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 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.



**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 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 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.



**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 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 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), 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.)

- 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 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 "No Changes to Letter of Intent" here.

Document attached: ____ Yes ____ No

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 "No Changes to Letter of Intent" here.

Document attached: Yes No

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 "No Changes to Letter of Intent" here.

Document attached: Yes No

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 "No Changes to Letter of Intent" here.

Document attached: Yes No

Section 11: Clinical Facility Placement:

Attach a completed *Clinical Facility Verification Form*, Form 56M-3A (New 04/2022), 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 "No Changes to Letter of Intent" here.

Document attached: Yes No

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 04/2022)* and *Summary of Program Hours Psychiatric Technician Form 56M-2E (New 04/2022)* 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 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

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) for each proposed faculty member with this application.

Document(s) attached: Yes No

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

Section 20: Admission criteria:

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

Document attached: Yes No

Section 21: Screening and selection criteria:

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

Section 22: Student Services List:

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 "No Changes to Letter of Intent" here.

Document attached: Yes No

Section 23: Number of students:

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

- The criteria for accepting alternate students; and
- 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

Section 24: Evaluation methodology for student progress:

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

Section 25: Attendance policy:

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

Section 26: Grievance policy:

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

Section 27: Required Notices:

Attach 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

Section 28: Credit Granting:

Attach 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

Section 29: Remediation:

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

Section 30: Program Resources:

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 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.



**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.)

- 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 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 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

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

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

Section 10: Clinical Facility Placement:

Attach a completed *Clinical Facility Verification Form*, Form 56M-3A (New 04/2022), 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 11: Terminal Objectives:

Submit 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

Section 12: Attach course outlines for each course:

Submit 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

Section 13: Instructional Plan:

1. Submit 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). 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
-

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, 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

Section 15: Evaluation methodology for curriculum:

Submit 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

Section 16: Verification of Faculty Qualifications:

Submit this completed form for each faculty member as described in 16 CCR 2584 *Verification of Faculty Qualifications Form: (Form 55M-10 New 04/2022)* for the program.

Documents attached: Yes No

Section 17: Evaluation methodology for clinical facilities:

Submit 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 unredacted clinical facility evaluations based on your stated methodology. The reviews should cover the past 18 months as a sample size.

Document attached: Yes No

Section 18: Admission criteria:

Submit 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, students' entrance examination results, health requirements, letters of recommendation, if noted in the program's stated admission policy.

Document attached: Yes No

Section 19: Screening and selection criteria:

Submit 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 attached: Yes No

Section 20: Student services list:

Submit 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 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, week day and weekend, day and evening, please indicate enrollment and frequency for each.)
2. Submit 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 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 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 the remediation policy. Submit 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 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 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 a copy of the current grievance policy.

Document attached: Yes No

Section 26: Required notices:

Submit 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 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 2585.1. 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 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

Section 29: Competency-based credit:

If applicable, submit 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 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: Faculty meeting minutes:

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

Documents attached: Yes No

Section 32: Education equivalency:

Submit 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 the *Summary of Program Hours – Psychiatric Technician Program* (Form 56M-2E) 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 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

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.

56M-15 (New 04/2022)



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.

Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan

TERM:

Unit Title:
Theory Hours this week:
Week:

Skills Lab Hours this week:
Simulation Hours this week:
Clinical Hours this week:

Curriculum Content/Hrs	Theory Objectives	Content Outline	Methods of Instruction	Assignments	Skills Lab Hours	Clinical Hours	Sim Hours	Skills Lab/Clinical Objectives

Key:

For All Programs:	NP Nursing Process	CCC Culturally Congruent Care	M/S Medical/Surgical Nursing
A/P Anatomy and Physiology	PE Patient Education	EOL End-of-Life Care	REH Rehabilitation Nursing
CDIS Communicable Diseases	PHARM Pharmacology	For VN Programs only:	For PT Programs only:
COM Communication	LDR Leadership	FUN Nursing Fundamentals	NS Nursing Science Fundamentals
NUT Nutrition	SUP Supervision	MAT Maternity Nursing	MD Mental Disorders
PSY Psychology	ETH Ethics and Unethical Conduct	PED Pediatric Nursing	DD Dev. Disabilities
G/D Normal Growth and Development	CT Critical Thinking	GER Gerontological Nursing	

55M-2W (New 04/2022)



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

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: _____



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. 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	Psych-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 intends to 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.

**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
Total Theory Hours	0	0	0	0	0	0	0	0
Skills Lab Hours								0
Simulation (if approved)								0
Clinical Experience Hrs								0
Total Clinical Hours	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
Total Clinical Hours	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.