



RECORD OF PSYCHIATRIC TECHNICIAN PROGRAM (OR EQUIVALENT EDUCATION)

The applicant should complete the first section of this form and provide it to the Director of the psychiatric technician program. The Director of the psychiatric technician program should complete the information in the second section and return it to the above address.

THIS SECTION TO BE COMPLETED BY APPLICANT (ITEMS 1-6). PRINT OR TYPE (DO NOT USE PENCIL).

1. NAME (LAST)	(FIRST)	(MIDDLE)
2. ADDRESS		(APT. NO)
3. CITY		STATE ZIP
4. BIRTHDATE (Month/Day/Year)	5. SOCIAL SECURITY NUMBER / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER*	6. TELEPHONE NUMBERS Business () _____ Home () _____ Area Code _____

THIS SECTION TO BE COMPLETED BY PSYCHIATRIC TECHNICIAN SCHOOLS, OR SCHOOLS OF VOCATIONAL, PRACTICAL OR REGISTERED NURSING. PRINT OR TYPE (DO NOT USE PENCIL).

7. NAME OF PSYCHIATRIC TECHNICIAN PROGRAM	CITY	STATE
DATE PROGRAM STARTED: _____ DATE PROGRAM COMPLETED: _____ OR DATE VERIFIED HOURS WERE COMPLETED _____		
WAS PROGRAM "ACCREDITED" WHEN HOURS WERE COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. NAME OF SCHOOL OF VOCATIONAL OR PRACTICAL OR REGISTERED NURSING?	CITY	STATE
DATE PROGRAM STARTED: _____ DATE PROGRAM COMPLETED: _____ OR DATE VERIFIED HOURS WERE COMPLETED _____		
WAS PROGRAM "ACCREDITED" WHEN HOURS WERE COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. COMPLETION OF THE TWELFTH (12 TH) GRADE IN HIGH SCHOOL OR ITS EQUIVALENT HAS BEEN PROVEN BY THE APPLICANT AS FOLLOWS: <input type="checkbox"/> PRESENTED OFFICIAL SCHOOL RECORDS SHOWING COMPLETION OF 12 TH GRADE HIGH SCHOOL <input type="checkbox"/> PASSED THE "GED" TEST AT THE 12 TH GRADE LEVEL		
10. A. TOTAL NUMBER OF THEORY/CLINICAL HOURS COMPLETED IN YOUR PSYCHIATRIC TECHNICIAN PROGRAM: THEORY: _____ HOURS CLINICAL: _____ HOURS B. TOTAL NUMBER OF THEORY/CLINICAL HOURS WHICH YOUR SCHOOL GRANTED CREDIT FOR "PREVIOUS EDUCATION": THEORY: _____ HOURS CLINICAL: _____ HOURS C. COMPLETE THE SECOND PAGE OF THIS FORM IN FULL. THIS IS A MANDATORY REQUIREMENT.		
11. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.		
(SCHOOL SEAL)		SIGNATURE OF PROGRAM DIRECTOR: _____
		PRINT PROGRAM DIRECTOR'S NAME: _____
		DATE: _____

***SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER DISCLOSURE STATEMENT –**

Disclosure of your Social Security Number/Individual Taxpayer Identification Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c) (2) (C))] authorizes collection of your Social Security Number/Individual Taxpayer Identification Number. Your Social Security Number/Individual Taxpayer Identification Number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security Number/Individual Taxpayer Identification Number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

RECORD OF PSYCHIATRIC TECHNICIAN PROGRAM (OR EQUIVALENT EDUCATION)

THE SECTION OF THIS FORM MUST BE COMPLETED IN FULL.

1. NAME OF SCHOOL OF NURSING CHECK ONE: <input type="checkbox"/> PSYCHIATRIC TECHNICIAN PROGRAM <input type="checkbox"/> VOCATIONAL/PRACTICAL NURSING OR REGISTERED NURSING PROGRAM	2. CITY	3. STATE AND COUNTRY
4. DATE PROGRAM STARTED: _____ (MONTH/DAY/YEAR)	5. DATE VERIFIED HOURS WERE COMPLETED: _____ (MONTH/DAY/YEAR)	

6. SUBJECT	ACTUAL HOURS/UNITS COMPLETED		CHECK HERE IF SUBJECT IS INTEGRATED	GRADE RECEIVED		HOURS/UNITS OF CREDIT GRANTED FOR PREVIOUS LEARNING	
	THEORY	CLINICAL		THEORY	CLINICAL	THEORY	CLINICAL
ANATOMY & PHYSIOLOGY		N/A			N/A		N/A
NUTRITION		N/A			N/A		N/A
PSYCHOLOGY		N/A			N/A		N/A
NORMAL GROWTH & DEVELOPMENT		N/A			N/A		N/A
PHARMACOLOGY		N/A			N/A		N/A
COMMUNICATION		N/A			N/A		N/A
NURSING SCIENCE, WHICH INCLUDES: A) NURSING FUNDAMENTALS, B) MEDICAL/SURGICAL NURSING, C) COMMUNICABLE DISEASES, INCLUDING HIV, AND D) GERONTOLOGICAL NURSING							
NURSING PROCESS							
DEVELOPMENTAL DISABILITIES							
MENTAL DISORDERS							
PATIENT EDUCATION		N/A			N/A		N/A
LEADERSHIP		N/A			N/A		N/A
SUPERVISION		N/A			N/A		N/A
ETHICS AND UNETHICAL CONDUCT		N/A			N/A		N/A
CRITICAL THINKING		N/A			N/A		N/A
CULTURALLY CONGRUENT CARE							
END-OF-LIFE CARE							
 TOTAL HOURS:							