

## 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 nationally accredited credentialing agency such as National Association of Credential Evaluation Services (NACES).
- 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.
  - Bachelor's Degree; and two years of experience; OR
  - 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 approved school verifying successful completion of the following courses: Administration; Teaching; and Curriculum Development. If the course content cannot be clearly identified, submit a copy of the catalog course description. Required per Title 16 CCR §§ 2529(c)(1) [VN Director Qualifications], 2529(c)(2) [VN Assistant Director Qualifications]; 2584(c)(1) [PT Director Qualifications], 2584(c)(2) [PT Assistant Director qualifications].

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

- Administration
- Teaching
- Curriculum Development

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

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

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

- Baccalaureate Degree from an 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 may be 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: (mm/dd/yyyy)	To:	Employer/City/State	RN/VN/PT Position/Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**13. Teaching Experience**

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

From: (mm/dd/yyyy)	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 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 \_\_\_\_\_

**Verification of Faculty Qualifications by Nursing Education Consultant (NEC):**

\_\_\_\_\_  
NEC Signature

\_\_\_\_\_  
Date