



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

This completed form along with all written statements and documentation required by this form is in accordance with section 2581 of Title 16 of the California Code of Regulations (CCR) must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new school or program of psychiatric technicians. 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

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

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

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

**Section 1: Philosophy of Program:**

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

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

**Section 2: Conceptual Framework:**

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

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

**Section 3: Terminal Objectives:**

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

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

**Section 4: Feasibility Narrative:**

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

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

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

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

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

**Please proceed to the next page to complete the form.**

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

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

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

**Section 7: Student Services List:**

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

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

**Section 8: Geographic Narrative:**

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

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

**Please proceed to the next page for the "Intent for Clinical Facility Placement," Form 55M-3 (New 04/2022).**



## INTENT FOR CLINICAL FACILITY PLACEMENT

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

**Program Campus Address:** \_\_\_\_\_

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

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

**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.