



Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
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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: \_\_\_\_\_ Zip: \_\_\_\_\_

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	Phone
_____	_____

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

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

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

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

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

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

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

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

#### **Section 5: Disciplinary History:**

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

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

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

#### **Section 6: Organization and Management:**

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

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

**Required Documents/Forms (16 CCR 2581, 2584, 2585, 2585.1, 2586, 2587, 2688 and 2588.1)**

**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).

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 list of the program's clinical facilities. Complete a *Clinical Facility Verification Form*, Form 56M-3A (New 04/2022), for each new health care facility prior to use. This form must be completed for each health care facility that agrees to provide clinical placement for students of the 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 is attached:  Yes  No

**Section 11: 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 2570, and being able to perform as a competent entry level psychiatric technician.

Document is attached:  Yes  No

**Section 12: Attach Course Outline for Each Course:**

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

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

Document is attached:  Yes  No

**Section 13: Instructional plan:**

1. Attach the following form, which is to be completed and submitted with this application: *Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan* (Form 55M-2W) (New 04/2022). 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. Attach a document attesting that the instructional plan is available to all faculty.

Documents attached:  Yes  No

**Section 14: Daily Lesson Plans:**

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

Documents attached:  Yes  No

**Section 15: Evaluation Methodology for Curriculum:**

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

Document is attached:  Yes  No

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

Attach a list of the program's faculty. Complete a *Verification of Faculty Qualifications Form*: (Form 55M-10 New 04/2022) for new faculty prior to employment.16 CCR 2584

Documents attached:  Yes  No

**Section 17: Evaluation Methodology for Clinical Facilities:**

Attach an explanation of the process and identify the tool(s) i.e., surveys, forms, checklists, used by the program to evaluate the clinical facilities. Submit 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:**

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

Document is attached:  Yes  No

**Section 19: Screening and Selection Criteria:**

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

Document is attached:  Yes  No

**Section 20: 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 21: Number of Students:**

- 1 Submit the program's current pattern of admission 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 Attach a document showing current and projected student enrollment numbers in your program for the next four years.
- 3 Do you admit alternate students to your program:  Yes  No
  - a. If Yes, attach a copy of the information you provide to alternate students to define the program's policy.

Documents attached:  Yes  No

**Section 22: Evaluation Methodology for Student Progress:**

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

Documents attached:  Yes  No

**Section 23: Remediation:**

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

Documents attached:  Yes  No

**Section 24: Attendance Policy:**

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

Document attached:  Yes  No

**Section 25: Grievance Policy:**

Attach a copy of the current grievance policy.

Document attached:  Yes  No

**Section 26: Required Notices:**

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

Documents attached:  Yes  No

**Section 27: Credit Granting:**

Attach a description of the school or program's policy for giving credit toward the curriculum requirements, a determination of the curriculum area to which credit is applied, and justification for the credit applied, as required by 16 CCR 2585.1. Also attach 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:**

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

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

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

Documents attached:  Yes  No



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

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

Document attached:  Yes  No

**Section 30: Program Resources:**

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

Document attached:  Yes  No

**Section 31: Faculty Meeting Minutes:**

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

Documents attached:  Yes  No

**Section 32: Education Equivalency:**

Attach a list of all currently enrolled students showing status of graduation from high school or equivalency.

Documents attached:  Yes  No

**Section 33: Program Hours:**

Program hours: Attach with this application the following completed form: Summary of Instructional Plan Program Hours – Psychiatric Technician Program Form 56M-2E(New 4/2022) as a summary of all program hours.

Documents attached:  Yes  No

**Section 34: Preceptorship:**

56M-15 (New 04/2022)

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:**

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

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

**Section 36: Fee Reduction Request:**

If requesting a reduction in the continuing approval fee of \$5,000 per 16 CCR 2590.2 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 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.