



## **INSTRUCTIONS TO APPLICANTS FOR “LICENSURE BY ENDORSEMENT” AS A LICENSED VOCATIONAL NURSE**

**Notice to Individuals (Civil Code Section 1798.17)** -- ALL items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information requested will be used to determine qualifications for examination and/or registration under the California Vocational Nursing Practice Act. The official responsible for information maintenance is the Executive Officer at the above noted address and telephone number. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, for it to perform its duties. Individuals have the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

### **PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY WHEN COMPLETING YOUR APPLICATION:**

#### **If You Are Licensed as a Practical/Vocational Nurse in Another U.S. State or Territory**

You will be eligible for licensure without examination, pursuant to Section 2872.1 of the Business and Professions Code, provided that you:

1. Present satisfactory proof of a current and valid license as a Vocational Nurse or Practical Nurse, or in an equivalent capacity, by another state, a territory of the United States or a foreign country;  
**and**
2. Took the National Council Licensure Examination for Practical Nurses (NCLEX-PN) or the National League for Nursing State Board Test Pool Examination for Practical Nurse (NLN), and passed said examination with a score equal to or above the minimum passing score required by the Board. (Licensure exams in other countries do not satisfy this requirement unless the country administers one (1) of the exams listed above.)

#### **If You Are NOT Licensed as a Practical/Vocational Nurse in Another U.S. State or Territory**

**YOU HAVE RECEIVED THE WRONG APPLICATION PACKAGE.** Please contact the Board at (916) 263-7800 and request an ***Application for Licensure by Examination***.

**APPLICATION FOR VOCATIONAL NURSE LICENSURE BY ENDORSEMENT – To apply for Vocational Nurse Licensure you must submit the following documentation:**

- A. **Application for Vocational Nurse Licensure (55A-1)** – Complete and sign the Application for Vocational Nurse Licensure.
- B. **Social Security Number\*** – Business and Professions Code Section 30 and Public Law 94-455 [(42 USCA (c) (2) (C))] authorize collection of your Social Security Number. Applications for licensure will not be processed until a valid U.S. Social Security Number is received.
- C. **Photograph** – In a sealed envelope, include one 2” X 2” front view, head and shoulders, photograph of yourself. Please sign your name on the back of the photograph. This picture **must** be current.
- D. **Fingerprint Cards** – See enclosed **“IMPORTANT FINGERPRINT INFORMATION”**. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. *Note: A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM DOJ.*
- E. **Fee** – Attach a check for \$150.00 made payable to the “BVNPT”. This is a non-refundable fee that covers the application process. Do **NOT** send cash. **If you will be submitting the hard card fingerprints rather than live scan fingerprints you must also submit the \$49.00 fingerprint processing fees. (See "Important Fingerprint Information" enclosed.)**
- F. **Proof of 12<sup>th</sup> Grade Education** – **Attach** proof of 12<sup>th</sup> grade education or its equivalent. A copy of your high school diploma or GED certificate is acceptable.
- G. **Verification of Licensure** – There are two (2) methods available for obtaining license verification depending on the State Board where you are/were licensed:
1. **Verification of Licensure Form (55A-5)** - Send this form to the State Board of Nursing through which you were originally licensed. You may wish to contact that State Board regarding a processing fee for completion of this form.  
  
NOTE: **If your original license is expired** you must also send a Verification of Licensure form to the State Board in which you are **currently** licensed and practicing as a Vocational Nurse.  
  
If you were originally licensed in the State of California and your California license has expired, you must send the Verification of Licensure form to the State Board in which you are **currently** licensed.
  2. **NURSYS License Verification Request Form** – If you are licensed in a state that is a member of the NURSYS verification system, please visit the National Council of State Boards of Nursing, Inc. website at [www.ncsbn.org](http://www.ncsbn.org) to obtain instructions and the NURSYS License Verification Request Form.
- H. **Record of Military Education (55A-4A)** – **Complete and sign this form only if you qualified for licensure on the basis of U.S. Military education.**
- I. **Record of Conviction (55A-6)** – **Complete and sign** the Record of Conviction. Failure to complete this form accurately may delay the processing of your application.
- J. **If you are currently licensed in another state** other than your original state of licensure, please send a copy of that current license showing the expiration date.

## **IMPORTANT INFORMATION**

### **Address Change**

- If you change your address after submitting your application for licensure, you **must** notify the Board in writing, **immediately, but no later than thirty (30) days from the date of the address change.**

### **Application Processing and Timelines**

- The documents you submit **will not** be returned to you.
- You are encouraged to file your application at least three (3) months prior to your anticipated licensure date to allow sufficient time for fingerprint processing and the Board's evaluation process.
- The average time for DOJ and FBI fingerprint processing is a minimum of 8 - 12 weeks if the hard card method of fingerprinting is utilized. (See "Important Fingerprint Information" enclosed.) **A license will not be issued until the Board receives the background information from the DOJ.**
- The evaluation process will take place concurrent with the fingerprint processing. **It takes approximately 6 - 8 weeks for the evaluation process. You will be notified at that time if additional information is needed to complete the evaluation of your application.**

### **Fees**

- The fees for evaluation of your application and processing your fingerprint cards are non-refundable. In addition, please be advised that the fingerprint processing fees are subject to change without notice by the DOJ and FBI. **All applicants for licensure are required to attach a check or money order made payable to the "BVNPT" with their application. Please do not send cash.**

#### **APPLICATION FOR LICENSURE BY ENDORSEMENT**

Application Fee \$150.00

#### **FINGERPRINT PROCESSING FEES**

FBI Fingerprint Card Processing Fee \$17.00  
DOJ Fingerprint Card Processing Fee \$32.00  
**\$49.00\*\***

#### **INITIAL LICENSE FEE**

When all requirements for licensure have been met, the Board will advise you of the Initial License Fee to be paid. This fee is in addition to the application evaluation fee.

### **Name Change**

- If you change your name, please notify the Board in writing and attach a copy of one of the following documents: Marriage Certificate, Divorce Decree, Passport, or Driver's License.

**\* Disclosure of your Social Security 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. Your Social Security 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, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.**

**\*\* If you will be submitting the hard card fingerprints rather than live scan fingerprints, you must include the \$49.00 fingerprint processing fees with your fingerprint cards. The fingerprint processing fees may be combined with the application fee and submitted to the Board on one check or money order, made payable to the "BVNPT". (See "Important Fingerprint Information" enclosed.)**



# APPLICATION FOR VOCATIONAL NURSE LICENSURE

**(ATTACH \$150 APPLICATION FEE. AN ADDITIONAL \$49 FINGERPRINT FEE IS REQUIRED FOR PROCESSING "HARD CARD" FINGERPRINTS – SEE ENCLOSED INSTRUCTIONS.)**

Read all the enclosed instructions carefully before completing this application. This information is required under Business and Professions Code Division 2, Chapter 6.5, Articles 1 and 2. The information you furnish will be used to determine your eligibility for licensure. If additional space is needed to complete any section of this application, please attach additional sheets. The Executive Officer of the Board is responsible for information maintenance.

DO NOT WRITE IN THIS SPACE
APP. NO
LIC. NO
ILF-CA NO.
ATS NO.

**PRINT OR TYPE (DO NOT USE PENCIL)**

1. NAME (LAST) (FIRST) (MIDDLE)		
2. ADDRESS (STREET OR BOX NUMBER) (APT. NO)		
3. CITY STATE ZIP		
4. BIRTHDATE (Month/Day/Year)	5. SOCIAL SECURITY NUMBER*	6. TELEPHONE NUMBER Business ( ) Home ( ) Area Code
7. DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF HIGH SCHOOL: _____ CITY/STATE: _____ DID YOU PASS A HIGH SCHOOL EQUIVALENCY TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12		
8. DID YOU ATTEND A <u>VOCATIONAL/PRACTICAL NURSING</u> PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO DID YOU GRADUATE FROM THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF VOCATIONAL/PRACTICAL NURSING PROGRAM: _____ DATE STARTED: _____ DATE COMPLETED: _____ STATE OR COUNTRY: _____		
9. DID YOU ATTEND A <u>REGISTERED NURSING</u> PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO DID YOU GRADUATE FROM THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF REGISTERED NURSING PROGRAM: _____ DATE STARTED: _____ DATE COMPLETED: _____ STATE OR COUNTRY: _____		
10. HAVE YOU EVER BEEN LICENSED AS A VOCATIONAL/PRACTICAL NURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE LICENSED: _____ STATE OF ORIGINAL LICENSE: _____ IF YES, HAS THIS LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH EXPLANATION)		
11. HAVE YOU EVER BEEN LICENSED AS A REGISTERED NURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE LICENSED: _____ STATE OF ORIGINAL LICENSE: _____ IF YES, HAS THIS LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH EXPLANATION)		
12. HAVE YOU EVER APPLIED TO THIS BOARD FOR LICENSURE UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE LIST OTHER NAMES: _____ WILL DOCUMENTS BE SUBMITTED TO THIS BOARD UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST OTHER NAMES: _____		
13. <b>CONFIDENTIALITY NOTICE:</b> YOU ARE ADVISED THAT PURSUANT TO BUSINESS AND PROFESSIONS CODE, SECTION 123, THE CONTENT OF THE VOCATIONAL NURSE LICENSURE EXAMINATION IS CONFIDENTIAL. IF YOU ARE DEEMED ELIGIBLE TO TAKE THIS EXAMINATION, YOU ARE HEREBY NOTIFIED THAT UNAUTHORIZED POSSESSION, REPRODUCTION, OR DISCLOSURE OF ANY EXAMINATION MATERIALS IS IN VIOLATION OF THE LAW AND SUBJECT TO CRIMINAL MISDEMEANOR PROSECUTION. A VIOLATION OF THIS TYPE MAY ALSO RESULT IN CIVIL LIABILITY AND/OR DISCIPLINE BY THE LICENSING AGENCY INCLUDING THE DENIAL OF LICENSURE.		
14. <b>PHOTOGRAPH REQUIREMENTS:</b> YOU <u>MUST</u> ATTACH A CURRENT, FRONT VIEW, HEAD AND SHOULDER PHOTOGRAPH OF YOURSELF IN A SEALED ENVELOPE. THE PHOTOGRAPH SHOULD BE 2" X 2" AND <u>MUST</u> BE SIGNED ON THE BACK.		
15. <b>PLEASE READ CAREFULLY BEFORE SIGNING.</b> – I hereby certify, under penalty of perjury under the laws of the State of California, that the foregoing, including any attachments, is true and correct. False statements included in this application can result in licensure denial.		
SIGNATURE: _____		DATE: _____
<b>SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –</b> Disclosure of your Social Security 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. Your Social Security 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, 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.		



# VERIFICATION OF LICENSURE

**INSTRUCTIONS TO APPLICANT: Complete Section I of this form and mail it to the State Board of Nursing** through which you were originally licensed. You may wish to contact that State Board regarding a processing fee for completion of this form.

**NOTE: If your original license is expired**, you must also send a Verification of Licensure form to the State Board in which you are **currently** licensed and practicing as a vocational nurse.

If you were **originally** licensed in the State of California and your California license has expired, you must send the Verification of Licensure form to the State Board in which you are **currently** licensed.

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

1. NAME (LAST)	(FIRST)	(MIDDLE)
2. ADDRESS (STREET OR BOX NUMBER)		(APT. NO)
3. CITY	STATE	ZIP
4. BIRTHDATE (Month/Day/Year)	5. SOCIAL SECURITY NUMBER*	6. TELEPHONE NUMBERS BUSINESS ( ) _____ HOME ( ) _____ AREA CODE

**SECTION II - TO BE COMPLETED BY STATE BOARD OF VOCATIONAL OR PRACTICAL NURSING. PRINT OR TYPE (DO NOT USE PENCIL).**

7. ORIGINAL LICENSE #: _____ ORIGINAL ISSUANCE DATE: _____ LICENSE CURRENTLY RENEWED UNTIL: _____ <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
8. APPLICANT ATTENDED AN "ACCREDITED" SCHOOL OF PRACTICAL/VOCATIONAL NURSING: <input type="checkbox"/> YES <input type="checkbox"/> NO GRADUATION DATE: _____
9. APPLICANT PASSED THE N.L.N. EXAMINATION: <input type="checkbox"/> YES <input type="checkbox"/> NO APPLICANT PASSED THE NCLEX/PN EXAMINATION: <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER: _____
10. SERIES NUMBER OF EXAMINATION TAKEN: _____ SCORE ACHIEVED: _____
11. HAS LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", PLEASE ATTACH STATEMENT GIVING PERTINENT INFORMATION.
12. DID APPLICANT SUBMIT PROOF OF COMPLETION OF THE 12 <sup>TH</sup> GRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO
13. <i>I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(BOARD SEAL)</p> </div> <div style="width: 60%;"> <p>SIGNATURE: _____</p> <p>TITLE: _____</p> <p>BOARD NAME: _____</p> <p>STATE: _____</p> <p>DATE: _____</p> </div> </div>

**\* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT -**

Disclosure of your social security 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. Your social security 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, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.



## RECORD OF MILITARY EDUCATION

**This Section To Be Completed By Applicant Who Qualifies On The Basis Of U.S. Military Education**

**PRINT OR TYPE (DO NOT USE PENCIL)**

1. NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____		
2. ADDRESS _____ (STREET OR BOX NUMBER) _____ (APT. NO) _____		
3. CITY _____ STATE _____ ZIP _____		
4. BIRTHDATE (Month/Day/Year) _____	5. SOCIAL SECURITY NUMBER* _____	6. TELEPHONE NUMBER Business ( ) _____ Home ( ) _____ Area Code _____
7. SPECIFY THE BRANCH OF MILITARY YOU SERVED IN: <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> NAVY		
8. DATE OF ENLISTMENT: _____ DATE OF DISCHARGE: _____ TYPE OF ENLISTMENT: <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE		
9. DATES OF SERVICE FOR YOUR ACTIVE DUTY IN MEDICAL CORPS.    FROM: _____ TO: _____		
10. NAME OF COURSE IN "NURSING": _____ DATE STARTED: _____ DATE COMPLETED: _____		
11. CLASSROOM INSTRUCTION IN NURSING RECEIVED AT:		
<input type="checkbox"/> DETACHMENT 1 (NURSE) 5 <sup>TH</sup> BRIGADE, 104 <sup>TH</sup> DIVISION INSTITUTIONAL TRAINING (FORMERLY 6662 <sup>ND</sup> USARF), PASADENA, CA		
<input type="checkbox"/> 6227 <sup>TH</sup> US ARMY RESERVE SCHOOL, MOFFETT FIELD, CA		
<input type="checkbox"/> 91 C PRACTICAL NURSE COURSE, FORT SAM HOUSTON, TX		
<input type="checkbox"/> OTHER: _____		
12. CLINICAL INSTRUCTION IN NURSING RECEIVED AT:		
<input type="checkbox"/> BROOKE ARMY MEDICAL CENTER, FORT SAM HOUSTON, TX		
<input type="checkbox"/> D. D. EISENHOWER ARMY MEDICAL CENTER, FORT GORDON, GA		
<input type="checkbox"/> MADIGAN ARMY MEDICAL CENTER, TACOMA WA		
<input type="checkbox"/> WOMACK ARMY MEDICAL CENTER, FORT BRAGG, NC		
<input type="checkbox"/> WILLIAM BEAUMONT ARMY MEDICAL CENTER, FORT BLISS, TX		
<input type="checkbox"/> WALTER REED ARMY MEDICAL CENTER, WASHINGTON, D.C.		
<input type="checkbox"/> OTHER: _____		
13. YOU MUST HAVE YOUR U.S. MILITARY SCHOOL OF NURSING SUBMIT AN OFFICIAL CERTIFIED TRANSCRIPT OF YOUR NURSING EDUCATION DIRECTLY TO THE BOARD.		
14. <i>I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>		
SIGNATURE: _____		DATE: _____
<p>* <b>SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT</b> –Disclosure of your social security 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. Your social security 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. <u>If you fail to disclose your social security number, your application for initial license will not be processed</u> and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>		

# BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS RECORD OF CONVICTION

TYPE OR PRINT (USE BLUE OR BLACK INK ONLY). IF MORE SPACE IS NEEDED TO COMPLETE ANY SECTION, PLEASE ATTACH ADDITIONAL SHEETS.

1. NAME (LAST) (FIRST) (MIDDLE)																		
2. ADDRESS (STREET OR BOX NUMBER)		(APARTMENT NUMBER)																
3. CITY	STATE	ZIP																
4. BIRTHDATE (MM/DD/YYYY)	6. TELEPHONE NUMBERS																	
5. SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER	CELL (_____) _____																	
	HOME (_____) _____																	
	BUSINESS (_____) _____																	
<p>7. Pursuant to Business and Professions Code Section 480 (c), any false statements included in this application may result in license denial. Please carefully read all information contained on the front and back of this form before signing. <b>I declare under penalty of perjury under the laws of the State of California that the information provided herein and attachments is true and correct.</b></p> <p>Signature: _____ Date: _____</p>																		
8. Are you or have you previously been licensed or certified as a psychiatric technician, practical, vocational or registered nurse, or any other healthcare professional in this or any other state, territory or country?		<input type="checkbox"/> Yes <input type="checkbox"/> No																
A.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">State</th> <th style="width: 50%;">License Type</th> <th style="width: 20%;">License #</th> <th style="width: 20%;">Expiration Date #</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>	State	License Type	License #	Expiration Date #		<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____			
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	<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____																	
B. Has your license or certification ever been suspended, revoked, placed on probation or disciplined? <i>If Yes, you must explain the basis for the disciplinary action and submit a copy of the disciplinary order.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No																
C. Have you used any other names? <i>If Yes, list all other names used:</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No																
<p>9. Have you ever been convicted of, pled guilty to, or pled nolo contendere to ANY offense in the United States or a foreign country? <i>If YES, you must, complete item 12 on the back of this form.</i></p> <p>This includes every citation, infraction, misdemeanor and/or felony, excluding traffic violations <b>under \$1,000</b> which do not involve alcohol, dangerous drugs or controlled substances. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to section 1203.4, 1203.4a or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No																
<p>10. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e) or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court? <i>If YES, you must, complete item 12 on the back of this form.</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No																
<p>11. Is any court action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? <i>If YES, you must, complete item 12 on the back of this form.</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No																

12. If you answered yes to item 9, 10, or 11, you must provide all of the information requested below for each offense. Department of Motor Vehicles printouts are not accepted in lieu of completing this section. If more space is needed to complete this section, please attach additional sheets.

**If you have been convicted of a crime, you must submit certified court documents, police reports, and a detailed explanation, in your own words, for each offense.** (Certified court/police documents are obtained directly from the court/police department with an **original** stamp of certification. Do not send copies, as they will not contain an original certification and will not meet the requirement for certified documents. If the police report and/or court documents are no longer available, you must obtain a statement from the police department or court attesting to that fact.) **Additionally, please submit documents regarding your rehabilitation efforts, such as:**

- Proof that you complied with the terms of your parole, probation, restitution or any other court imposed sanctions.
- Evidence of expungement proceedings pursuant to penal code section 1203.4, 1203.4(a), or 1203.41.
- Any other evidence of rehabilitation you wish the board to consider.

A. Date of Offense \_\_\_\_\_ B. City and State of Offense \_\_\_\_\_

C. Name and location of court where your case was heard \_\_\_\_\_

D. Details of the offense of which you were convicted \_\_\_\_\_  
\_\_\_\_\_

E. Date of Conviction \_\_\_\_\_ F. Date(s) of Imprisonment, if applicable \_\_\_\_\_

G. Amount of fine paid \_\_\_\_\_ H. Period of Probation \_\_\_\_\_

I. Conditions of Probation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Date of Offense \_\_\_\_\_ B. City and State of Offense \_\_\_\_\_

C. Name and location of court where your case was heard \_\_\_\_\_

D. Details of the offense of which you were convicted \_\_\_\_\_  
\_\_\_\_\_

E. Date of Conviction \_\_\_\_\_ F. Date(s) of Imprisonment, if applicable \_\_\_\_\_

G. Amount of fine paid \_\_\_\_\_ H. Period of Probation \_\_\_\_\_

I. Conditions of Probation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Date of Offense \_\_\_\_\_ B. City and State of Offense \_\_\_\_\_

C. Name and location of court where your case was heard \_\_\_\_\_

D. Details of the offense of which you were convicted \_\_\_\_\_  
\_\_\_\_\_

E. Date of Conviction \_\_\_\_\_ F. Date(s) of Imprisonment, if applicable \_\_\_\_\_

G. Amount of fine paid \_\_\_\_\_ H. Period of Probation \_\_\_\_\_

I. Conditions of Probation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Important note: You will be permitted to take the licensing examination regardless of any criminal conviction history you disclose. However, a determination as to whether your license will be granted or denied will not be made until you have passed the examination and the board has received all required conviction documentation.



## Notice on Collection of Personal Information For Applicants and Licensees

**Collection and Use of Personal Information.** The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technicians Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the BVNPT at 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7800 or email [bvnpt@dca.ca.gov](mailto:bvnpt@dca.ca.gov).



## **INSTRUCTIONS FOR USING LIVE SCAN FINGERPRINTING** **AS A CONDITION OF LICENSE RENEWAL**

### **I. FINGERPRINT REQUIREMENTS**

All Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs) that were licensed prior to January 1, 1998, or for whom a record of the submission of fingerprints no longer exists, are required to submit their fingerprints as a condition of license renewal. Licensees must provide their fingerprints to the Department of Justice (DOJ) for the purpose of conducting a search for criminal history in state (DOJ) and federal (Federal Bureau of Investigation or FBI) databases.

#### **Fingerprint Fees**

The DOJ and FBI have each established fingerprint processing fees that are subject to change by that agency without notice. Pursuant to Section 11105(e) of the Penal Code, the cost for these services are paid by the licensee. As of this printing those fees are:

DOJ FINGERPRINT PROCESSING FEE   \$32.00  
FBI FINGERPRINT PROCESSING FEE   \$17.00

*The fingerprint processing fees must be paid at the Live Scan site at the time that you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to a service or "rolling" fee that may be charged by the Live Scan site. Check with the Live Scan site for acceptable forms of payment.*

### **II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

Complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **PLEASE SEND THE THIRD COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, TO THE BOARD. Retain the second copy for your records. (You are required to retain a record of your fingerprint submission for 3 years.)**

Live Scan fingerprint processing is offered at most local police and sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>. **CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You will be required to present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

**SEE BACK PAGE FOR SPECIFIC INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

**COMPLETING THE "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM"**

Please note:

- **Your name must be identical to your name as printed on your VN or PT license.**
- You must complete all items as indicated below.
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

**Box 1:** Job Title of Type of License, Certification or Permit – Place an "X" in the box next to the license type for which you are renewing (i.e., vocational nurse license or psychiatric technician license).

**Box 2:** No action required.

**Box 3:**

Name of Applicant - Indicate your complete name, identical to that on your VN or PT license.

AKA's - Indicate all other names used (i.e., maiden name, previous married names, and/or alias names)

DOB - Indicate your month/day/year of birth

Sex – Place an "X" in the appropriate box (i.e., Male or Female)

HT - Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches)

**EXAMPLE: 5 feet 9 inches = 509**

WT - Indicate your weight in pounds

Eye Color - Indicate eye color abbreviation:

<b>BLK</b> - Black	<b>GRY</b> - Gray	<b>MAR</b> - Maroon
<b>BLU</b> - Blue	<b>GRN</b> - Green	<b>PNK</b> - Pink
<b>BRO</b> - Brown	<b>HAZ</b> - Hazel	<b>MUL</b> - Multicolor

Hair Color - Indicate hair code abbreviation:

<b>BAL</b> - Bald	<b>BRO</b> - Brown	<b>SDY</b> - Sandy
<b>BLK</b> - Black	<b>GRY</b> - Gray	<b>WHI</b> - White
<b>BLN</b> - Blonde	<b>RED</b> - Red	

POB - Indicate the state or country of birth

SOC - Enter your social security number

CDL - Enter your California Driver's license number

**Box 4:**

**Your Number** – Enter your California VN or PT license number in this space

Level of Service – Indicate both DOJ and FBI by placing an "X" in each box.

**Box 5:** No action required.

**Box 6:** To be completed by the Live Scan operator.

Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

REMEMBER, PLEASE SEND THE THIRD COPY OF THE FORM TO THE BOARD IN ORDER FOR THE BOARD TO TIMELY RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.



## **IMPORTANT LICENSEE FINGERPRINT INFORMATION** **PLEASE READ CAREFULLY**

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs), that were licensed prior to January 1, 1998 or for whom a record of the submission of fingerprint no longer exists.

There are currently two methods available for submitting fingerprints; live scan, or the ten-print (hard card) fingerprint card. Review the following information carefully to determine the appropriate method.

### **1. Live Scan**

Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

If you currently reside in the State of California, the DOJ requires that you use Live Scan to submit your fingerprints. Please use the enclosed ***Request For Live Scan Service Applicant Submission form. (Form BCII 8016)***. Carefully follow the enclosed instructions for obtaining live scan fingerprints.

### **2. Ten-Print "Hard Card" Fingerprint Card**

The Live Scan process is currently only available within the State of California. If you reside outside of the State of California and have no access to a California Live Scan site, you must use the "hard card" fingerprint method. **Please be advised that the DOJ processing time for hard card fingerprints is can be up to 8 weeks, or longer.**

If you do not have access to a California Live Scan site, please contact the Board office and request that the "hard card" fingerprint cards be mailed to you.

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

## Applicant Submission

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

\_\_\_\_\_ Agency authorized to receive criminal history information

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)

\_\_\_\_\_ Street No. Street or PO Box

\_\_\_\_\_ Contact Name (Mandatory for all school submissions)

\_\_\_\_\_ City State Zip Code

( ) \_\_\_\_\_ Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name

\_\_\_\_\_ Street No. Street or PO Box

\_\_\_\_\_ Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_ City State Zip Code

( ) \_\_\_\_\_ Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

## Applicant Submission

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Agency authorized to receive criminal history information  
 \_\_\_\_\_  
 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_  
 \_\_\_\_\_  
 Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

## Applicant Submission

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

\_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Agency authorized to receive criminal history information  
 \_\_\_\_\_  
 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.) Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_  
 \_\_\_\_\_  
 Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_