



**CALIFORNIA PSYCHIATRIC TECHNICIAN LICENSURE EXAMINATION (CAPTLE)
 Expert Examiner Application**

Directions:

1. Please type or print all requested information.
2. Please complete all sections of the application to ensure timely processing. Page two requires your hand-written signature.
3. Return the form by email to bvnpt.captle@dca.ca.gov or by mail to the BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS, Attention: Education Division, 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833.

Personal Contact Information:

Full Name: _____
 Resident Address: _____ Apt/Space #: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Work Phone #: _____
 Email Address(es): _____

Licensure:

Are you currently licensed as a psychiatric technician? Yes No

➤ PT License Number: _____ Expiration: _____

Are you currently employed as a psychiatric technician giving direct client care?

Yes No How long? _____

Employment:

- Present Employer: _____
- Business Address: _____
- Present Job Title: _____

Please list your job responsibilities and tasks you perform during the workday. _____

Please indicate the average number of hours you practice per week:

Less than 20 hours 20 – 32 Hours 32 – 40 Hours Over 40 Hours

Please indicate the type of setting in which you practice:

Education Psychiatric Facility Clinic Developmental Center
 Corrections Residential Care Home Care Emergency Psychiatry

If selected, are you able to attend workshops lasting three to five days? Yes No

Educational Preparation: psychiatric technician education, graduate work, national certification, and any other education.

List highest level of preparation first. Include psychiatric technician education. Do not include high school. Attach a separate sheet if necessary.

From: **To:** **Educational Institution:** **Major/Concentration:** **Degree (Y or N):**
(MM/YY) (MM/YY)

Professional Experience: Please list your last five years of employment. Place your most recent employment on the top. Attach a separate sheet if necessary.

From: **To:** **Employer Institution:** **Position/Title:**
(MM/YY) (MM/YY)

Sign and Date:

Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

| |
|--|
| For Official Board Use |
| Application Processing: Received: _____ Evaluation: _____ |
| Date: Approval: _____ Alternate: _____ Rejection: _____ |
| Reviewed By: _____ |