



APPLICATION FOR REGISTRATION SPONSORING ENTITY FOR FREE HEALTH CARE EVENT

In accordance with California Business and Professions (B&P) Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least ninety (90) calendar days prior to the sponsored event.** *Note that the information required by B&P Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

This registration form shall be completed and submitted to the Board of Vocational Nursing and Psychiatric Technicians (address and contact information on last page).

PART A – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1

Phone Number of Principal Office

Address Line 2

Alternate Phone Number

City, State, Zip

Fax Number

County

Website

Organization Contact Information in California (*if different*):

Address Line 1

Phone Number

Address Line 2

Alternate Phone Number

City, State, Zip

Fax Number

County

3. Type of Organization:

a. Organization's Tax Identification Number: _____

b. Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code?
_____ Yes _____ No

c. If not, is the organization a community-based organization? _____ Yes _____ No
 (Note: A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.)

d. If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*): _____

PART B – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

 Name

 Address Line 1

 Address Line 2

 City, State, Zip

 County

 Title

 Phone Number

 Alternate Phone Number

 Fax Number

 E-mail Address

Individual 2:

 Name

 Address Line 1

 Address Line 2

 City, State, Zip

 County

 Title

 Phone Number

 Alternate Phone Number

 Fax Number

 E-mail Address

Individual 3:

 Name

 Address Line 1

 Address Line 2

 City, State, Zip

 County

 Title

 Phone Number

 Alternate Phone Number

 Fax Number

 E-mail Address

(Attach additional sheets if needed to list additional principal organizational individuals)

PART C – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event not to exceed ten (10) calendar days: _____

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): _____

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

_____ *Check here to indicate that the list is attached.*

6. Please remember that:
- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) **to the applicable licensing board/committee.**
 - The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

PART D – CERTIFICATION STATEMENTS

I understand the recordkeeping requirements imposed by California B&P Code Section 901 and the applicable sections of Title 16, California Code of Regulations require our organization to maintain records, in either electronic or paper form, at the sponsored event and for five (5) years after the sponsored event occurred.

I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization.

Name Printed

Title

Signature

Date

PART E – MAILING INSTRUCTIONS

This form and any attachments shall be submitted to:

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833

Questions regarding the completion of this form should be directed to:

Board of Vocational Nursing and Psychiatric Technicians
Attn: Licensing Program Analyst
(916) 263-7800
bvnpt@dca.ca.gov

(3/23/12)