



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS

2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945

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DATE: July 13, 2012

TO:

FROM: **TERESA BELLO-JONES, J.D., M.S.N, R.N.**
Executive Officer

SUBJECT: INITIATING A BOARD - APPROVED PROGRAM

The Board of Vocational Nursing and Psychiatric Technicians (Board) appreciates your interest in the commencement of a Board - approved program. Enclosed for your convenience is an application package, as requested. The Board strongly recommends that the enclosed information, forms, and instructions be thoroughly reviewed prior to preparation of the required materials and documents **and** the submission of materials and documents to the Board.

Please be advised that Board approval of a program director who meets regulatory requirements is **required** to initiate the approval process. The approval process cannot begin until a director for the proposed program is approved by the Board. Additionally, you are advised that **the program approval process will take a minimum of twelve (12) months.**

Please contact the Board if further information is needed.

Enclosures

Revised: 07/12

PROCEDURES FOR INITIAL APPROVAL OF A NEW PROGRAM

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) is authorized to approve vocational nursing and psychiatric technician programs in California.

The program approval process takes a **minimum of twelve months**. The time required to complete the review process may vary. Components that impact approval include the quality of the proposal, the timely submission of required revisions, organization and formatting of material, and other necessary program documents and resources.

Before the assistance of a Nursing Education Consultant is requested, you should:

1. Order a copy of the law for the program you wish to establish, using the enclosed form, number 56M-1.
2. Familiarize yourself with the provisions of the Vocational Nursing Practice Act or the Psychiatric Technicians Law and their respective regulations. For a Vocational Nursing Program or a Psychiatric Technician Program, see Article 5 of the respective rules and regulations.
3. Complete the **Application for Approval of a Board Program (Form 55M-15)** and attach it to the completed **Faculty Approval Form (55M-10)** for the director candidate.

The Faculty Approval Form must be accompanied by the following supporting documentation:

- A. A copy of the current, active Registered Nurse license on which the license number and expiration date are clearly shown.
- B. A copy of the certificate or transcript which shows that a baccalaureate (or higher) degree has been awarded.
- C. A copy of transcripts showing completion of courses from an accredited school in administration, teaching, and curriculum. If transcripts do not **clearly indicate** the course content, please send a school catalog description of the course(s).

The director must meet the requirements of Section 2529 (VN) or Section 2584 (PT) of the Rules and Regulations, and must be Board approved before he/she begins program development with the Board's Nursing Education Consultant.

Role of the Nursing Education Consultant

The Nursing Education Consultant ensures that the Board-approved director develops curriculum, school policies and other required documents, and obtains faculty and clinical facilities in accordance with Article 5 of the Vocational Nursing or Psychiatric Technician Rules and Regulations. **The program approval process takes a minimum of twelve months.**

The Nursing Education Consultant **is responsible for determining that all program materials are in FINAL FORM. A program packet must be in final form by the fifteenth day of the second month that precedes the month in at which the proposal is to be presented to the Board or the Executive Officer.** A Board consultant's determination that the program's proposal is in final form occurs **ONLY** after the Board consultant and program director have adequate time to review and discuss any and all program materials, the director has adequate time to make the revisions as indicated and return the revisions to the Board consultant, and the Board consultant makes a final review and approval of all program materials.

One printed copy and one compact disk copy of the final form of the program proposal must be submitted to the Board's Sacramento Headquarters by the fifteenth day of the second month that precedes the month during which the program's report will be presented to the Board. Faculty and facility approval forms are to be submitted in duplicate, as directed on the form.

Facility forms must include the correct name, telephone number and e-mail address of the facility staff member who is responsible for student placements within the site. The Board contacts the student placement coordinators to confirm information submitted; therefore, these individuals should be encouraged to return Board phone calls and respond to e-mail messages as soon as possible.

The Board strongly encourages you to allow enough time for the development of a comprehensive quality curriculum. Please **DO NOT advertise** that your proposed program is approved or accredited by the Board until such action formally occurs and you receive documentation from the Board confirming the approval to admit the initial class. Please **DO NOT** hire faculty or accept students into the proposed program until you receive notice of formal approval from the Board. A specific start date for the proposed program cannot be mutually determined until the Board consultant has reviewed the proposal. Additionally, acquisition of clinical sites for student experience should be pursued by the program director early in the development process. Adequate clinical sites **MUST** be available for the required 1 faculty to 15 student ratio (VNPA Section # vn2534(d), pt2538(c)). **The program approval process takes a minimum of twelve months.**

As noted, the approval process takes a **MINIMUM** of 12 months, but it may take considerably longer based on the elements identified in the process for initial approval. Please do not commit to financial outlays for rentals, leases, salaries, equipment or other resources upon initial application. There must be mutual agreement between the Nursing Education Consultant and the director of the proposed program that the proposal is compliant with applicable statutes and regulations before a report can be prepared by the consultant for Board action.

CONTENT TO BE SUBMITTED IN PROPOSAL

The following items (#1-#21) must be addressed in the proposal for a **VOCATIONAL NURSING PROGRAM** or a **PSYCHIATRIC TECHNICIAN PROGRAM**.

1. **Philosophy** of the program.
This should include the following concepts related to the program:
 - a) Man
 - b) Society
 - c) Health
 - d) Wellness
 - e) Illness
 - f) Education
 - g) Teaching
 - h) Learning
2. **Conceptual framework.**
This is the running thread used throughout the program that guides the overall structure of the curriculum and reflects the philosophy of the program. It may be based on a nursing theory, the nursing process or another model.
3. **Terminal objectives.** Expected student outcomes upon successful completion of the program.
4. **Curriculum objectives.** Broad objectives for student outcomes based on major groupings of courses or levels within the program.
5. **Course outlines.**
6. **Course objectives.** Specific objectives for essential elements within separate courses.
The course outlines and objectives reflect instruction of entry-level competencies that are within the vocational nurse scope of practice. Both the outlines and objectives indicate the expectation of progressive mastery of subject matter.
7. **Instructional plan** that includes the following:
 - A. Plan identifying courses to be taught each term.
 - B. Overall plan showing correlation of theory and clinical experiences on a weekly basis for the entire program.
 - C. Hours per week of theory and clinical content for the entire program.
 - D. Total theory hours of instruction.
 - E. Total clinical hours of instruction.
 - F. Number of clinical hours for evenings.
 - G. Number of weeks in the program.
 - H. Clinical rotation plan for entire program.
 - I. Week of program in which students will begin clinical rotations.
 - J. Week of program in which students will begin documentation on patient charts.
 - K. Week of program in which students will begin administering medications in the clinical setting.
 - L. Days allotted for student make-up of theory and clinical objectives.

FOR VOCATIONAL NURSING PROGRAMS ONLY, the Instructional Plan must also include:

M. Number of theory and clinical (if applicable) hours for the following content:

- 1) Anatomy and physiology
- 2) Nutrition
- 3) Psychology
- 4) Normal growth and development
- 5) Nursing fundamentals
- 6) Nursing process
- 7) Communication
- 8) Patient education
- 9) Pharmacology, which shall include:
 - (A) Knowledge of commonly used drugs and their action
 - (B) Computation of dosages (C) Preparation of medications
 - (D) Principles of administration
- 10) Medical-surgical nursing
- 11) Communicable diseases, which shall include but not be limited to Human Immunodeficiency Virus (HIV)
- 12) Gerontological nursing
- 13) Rehabilitation nursing
- 14) Maternity nursing
- 15) Pediatric nursing
- 16) Leadership
- 17) Supervision
- 18) Ethics and unethical conduct
- 19) Critical thinking
- 20) Culturally congruent care
- 21) End-of-life care

Revised 6/07

FOR PSYCHIATRIC TECHNICIAN PROGRAMS ONLY, the Instructional Plan must also include:

M. Number of theory and clinical hours for the following content:

- 1) Anatomy and physiology
- 2) Nutrition
- 3) Psychology
- 4) Normal growth and development
- 5) Nursing process
- 6) Communication
- 7) Nursing science, which shall include:
 - (A) Nursing fundamentals
 - (B) Medical-surgical nursing
 - (C) Communicable diseases, to include but not be limited to Human Immunodeficiency Virus (HIV)
 - (D) Gerontological nursing
- 8) Patient education
- 9) Pharmacology, which shall include:
 - (A) Knowledge of commonly used
 - (B) Computation of dosages (C) Preparation of medications
 - (D) Principles of administration
- 10) Classifications, treatment programs, and interventions for developmental disabilities.
- 11) Classifications, treatment programs, and interventions for mental disorders, which shall include addictive behaviors and eating disorders.
- 12) Leadership
- 13) Supervision
- 14) Ethics and unethical conduct
- 15) Critical thinking
- 16) Culturally congruent care
- 17) End-of-life care

Revised 6/07

FOR BOTH VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIAN PROGRAMS:

8. Evaluation methodology for the curriculum.
9. Faculty who meet the qualifications set forth in Section 2529 (Application forms to be submitted in duplicate, including supporting documentation for licensure, degrees, teaching credential and required courses).
10. Clinical facilities (Information forms to be submitted in duplicate, including clinical objectives to be achieved in facility and the plan for instructor orientation).
11. Evaluation methodology for clinical facilities.
12. Admission criteria.
13. Screening and selection criteria
14. Number of students per class and frequency of admissions.
15. Evaluation methodology for student progress.
16. Student policies:
 - A. Credit granting
 - B. Attendance
 - C. Grievance
17. Organizational chart.
18. Proposed starting date.
19. Evidence of program resources to include, but not be limited to:
 - A. Description of the geographic area and community to be served by the proposed program;
 - B. Clinical affiliations available for student clinical experience; and
 - C. Existing nursing and psychiatric technician programs with which clinical affiliations are shared.
20. Logistical support, including but not limited to:
 - A. Operable sink with running water in skills lab
 - B. Sufficient equipment and supplies in skills lab
 - C. Library (textbooks, current nursing periodicals, instructional media)
21. Student support services, including but not limited to:
 - Tutorial services for academic improvement
 - Resources for personal support relative to child and family care, fiscal matters, and transportation needs

Enclosures include:

1. Statutes, Rules and Regulations Purchase Order (Vocational Nursing Practice Act or Psychiatric Technicians Law)
2. Clinical Facility Approval Application - may be reproduced
3. Faculty Approval Application - may be reproduced
4. Guidelines for Development of an Instructional Plan
5. Sample Instructional Plan and Blank Form

Revised 6/07

Board of Vocational Nursing and Psychiatric Technicians

STATUTES, RULES AND REGULATIONS PURCHASE ORDER

To purchase a copy of the Statutes, Rules and Regulations, please complete the information below and mail to the Board at:

B V N P T
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833-2945

(Please allow 3-4 weeks for processing)

**VOCATIONAL NURSING PRACTICE ACT
with RULES AND REGULATIONS**

-Number of copies _____ X \$5.00 each = _____

**PSYCHIATRIC TECHNICIANS LAW
with RULES AND REGULATIONS**

-Number of copies _____ X \$5.00 each = _____

MAKE CHECK PAYABLE TO: B V N P T (Board of Vocational Nursing and Psychiatric Technicians)

TOTAL AMOUNT ENCLOSED _____
Please type or print

NAME:	OFFICE USE ONLY
ADDRESS:	
CITY, STATE, ZIP:	
ATTENTION:	
DAYTIME PHONE:	
	Amount enclosed
	Receipt number
	Number of copies
	Date mailed

56M-1(6/07)

**Board of Vocational Nursing and Psychiatric Technicians
Guidelines for Development of an Instructional Plan**

Definition: The instructional plan is a comprehensive outline of the curriculum that visually demonstrates correlation of theory and clinical experience on a weekly basis.

Purpose: Identify the placement of specific content and time periods in the curriculum.

Regulation: Section **2526(a)(7)** of the Vocational Nursing Rules and Regulations and **Section 2581 (a)(7)** of the Psychiatric Technician Rules and Regulations state:

“The institution shall apply to the Board for accreditation. Written documentation shall be prepared by the director and shall include:

...
7. Instructional Plan
...”

In addition, **Section 2530(f)** of the Vocational Nursing Rules and Regulations and **Section 2585(f)** of the Psychiatric Technician Rules and Regulations state:

“The program’s instructional plan shall be available to all faculty.”

Recommended Elements to be Included in an Instructional Plan

- Hours per week of theory and clinical content for the entire program.
- Total number of theory hours.
- Total number of clinical hours.
- Number of clinical hours for evenings and nights.
- Number of weeks in the program.
- Clinical rotation plan for the entire program.
- Notation of the weeks in which students will start the following activities:
- Clinical rotations
- Documentation on patient charts
- Medication administration in the clinical setting
- Days allotted for student make-up of theory and clinical objectives.

ADD FOR VOCATIONAL NURSING PROGRAMS:

- Number of theory and clinical (if applicable) hours for the following content:
 - A. Anatomy and physiology
 - B. Nutrition
 - C. Psychology
 - D. Normal growth and development
 - E. Nursing fundamentals
 - F. Nursing process
 - G. Communication
 - H. Patient education
 - I. Pharmacology, which shall include:
 - 1) Knowledge of commonly used drugs and their actions
 - 2) Computation of dosages
 - 3) Preparation of medications
 - 4) Principles of administration
 - J. Medical-surgical nursing
 - K. Communicable diseases, which shall include but not be limited to Human Immunodeficiency Virus (HIV)
 - L. Gerontological nursing
 - M. Rehabilitation nursing
 - N. Maternity nursing
 - O. Pediatric nursing
 - P. Leadership
 - Q. Supervision
 - R. Ethics and unethical conduct
 - S. Critical thinking
 - T. Culturally congruent care
 - U. End-of-life care

ADD FOR PSYCHIATRIC TECHNICIAN PROGRAMS:

- Number of theory and clinical (if applicable) hours for the following content:
 - A. Anatomy and Physiology
 - B. Nutrition
 - C. Psychology
 - D. Normal growth and development
 - E. Nursing process
 - F. Communication
 - G. Nursing science, which shall include:
 - 1) Nursing fundamentals
 - 2) Medical-surgical nursing
 - 3) Communicable disease, which shall include but not be limited to Human Immunodeficiency Virus (HIV)
 - 4) Gerontological nursing
 - H. Patient education
 - I. Pharmacology, which shall include:
 - 1) Knowledge of commonly used drugs and their actions
 - 2) Computation of dosages
 - 3) Preparation of medications
 - 4) Principles of administration
 - J. Classifications, treatment programs and interventions for developmental disabilities
 - K. Classifications, treatment programs and interventions for mental disorders, which shall include addictive behaviors and eating disorders.
 - L. Leadership
 - M. Supervision
 - N. Ethics and unethical conduct
 - O. Critical thinking
 - P. Culturally congruent care
 - Q. End-of-life care



APPLICATION FOR APPROVAL OF A BOARD PROGRAM

Vocational Nursing Psychiatric Technician

Full Time Part Time

Community College Adult School R.O.P. Private Hospital-Based Other

School Name: _____

Address: _____

Administrator: _____

Administrator's Office Address: _____

Phone #: _____ (Extension) _____

Proposed Program Director: _____

Director's Office Address: _____

E-mail Address: _____

Phone #: _____ (Extension) _____

Person responsible for developing program proposal if not the proposed director named above:

Name: _____

Title: _____

Phone #: _____

A Faculty Approval Application for a "director" candidate must accompany this application. Without a Board-approved director, a Nursing Education Consultant will not be assigned and Board review of program materials will not occur.

Signature of Administrator: _____

Date: _____



**Vocational Nursing or Psychiatric Technician Program
Curriculum Content
Instructional Plan: Term I**

Unit Title: Introduction to Pharmacology
Theory Hours this week: 12

Week 10
Clinical Hours this week: 24

Curriculum Content/Hrs	Theory Objectives	Content Outline	Methods of Instruction	Assignments	Clinical Hours	Skills Lab/Clinical Objectives
	Mastery of Content in this unit will enable the student to:					Upon completion of this unit the student will:
PHARM/.5	1. Identify systems of measurement used to administer medications	I. Measurement Systems A. Apothecary B. Metric C. Household	Lecture Discussion Reading Transparencies Study Guide Audiovisual Aids Demonstration	Christensen Ch. 21 pp. 485-494	16	In the clinical setting: 1. Review medication orders of assigned patient. 2. Write medication cards for each medication for assigned patient. 3. Relate medications to patient's condition 4. Identify the route of administration for assigned patient's medications.
PHARM/.5	2. State the units of measure used in the Apothecaries system.	II. Apothecary System of Measurement A. Liquid Measurement 1. minim 2. fluid dram 3. fluid ounce 4. pint 5. quart 6. gallon B. Solid Measurement 1. grains 2. dram 3. ounce 4. pound 5.	Methods of Evaluation Testing Case Studies Return Demos Group Presentation Role Playing Instructor Observation Critical Thinking	Scherer Ch. 3	8	In the skills lab: 1. Correctly perform dosage conversions for the following systems of measurement. • Apothecary System • Metric System • Household System 2. Calculate medication dosages from a given set of problems with 100% accuracy.
PHARM/.5	3. Identify the units of measure used in the Metric System	III. Metric System of Measurement A. Volume 1. milliliter 2. liter 3. cubic centimeter				

Key:

For All Programs:	NP Nursing Process	CCC Culturally Congruent Care	M/S Medical/Surgical Nursing
A/P Anatomy and Physiology	PE Patient Education	EOL End-of-Life Care	REH Rehabilitation Nursing
CDIS Communicable Diseases	PHARM Pharmacology	For VN Programs only:	For PT Programs only:
COM Communication	LDR Leadership	FUN Nursing Fundamentals	NS Nursing Science Fundamentals
NUT Nutrition	SUP Supervision	MAT Maternity Nursing	MD Mental Disorders
PSY Psychology	ETH Ethics and Unethical Conduct	PED Pediatric Nursing	DD Dev. Disabilities
G/D Normal Growth and Development	CT Critical Thinking	GER Gerontological Nursing	

Program Curriculum Content Instructional

Plan: Term I

Unit Title: _____

Theory Hours this week: _____

Week _____

Clinical Hours this week: _____

Curriculum Content/Hrs	Theory Objectives	Content Outline	Methods of Instruction	Assignments	Clinical Hours	Skills Lab/Clinical Objectives
	Mastery of Content in this unit will enable the student to:					Upon completion of this unit the student will:

Key:

For All Programs:	NP	Nursing Process	CCC	Culturally Congruent Care	M/S	Medical/Surgical Nursing
A/P	PE	Patient Education	EOL	End-of-Life Care	REH	Rehabilitation Nursing
CDIS	PHARM	Pharmacology	For VN Programs only:		For PT Programs only:	
COM	LDR	Leadership	FUN	Nursing Fundamentals	NS	Nursing Science Fundamentals
NUT	SUP	Supervision	MAT	Maternity Nursing	MD	Mental Disorders
PSY	ETH	Ethics and Unethical Conduct	PED	Pediatric Nursing	DD	Dev. Disabilities
G/D	CT	Critical Thinking	GER	Gerontological Nursing		



FACULTY APPROVAL APPLICATION

FOR BOARD USE ONLY
Approved By: _____
Date: _____
Section: _____

INSTRUCTIONS: Please complete both front and back of this form to demonstrate compliance with Title 16, California Code of Regulations (CCR) §§ 2529 and 2584. Submit separate forms for multiple campuses or if faculty assignment is proposed for both Vocational Nurse (VN) and Psychiatric Technician (PT) programs. **ALL REQUESTED INFORMATION IS MANDATORY. FAILURE TO PROVIDE ALL INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

PRINT LEGIBLY IN INK

1. SCHOOL AND CAMPUS NAME	2. TYPE OF PROGRAM (check one) <input type="checkbox"/> VN PROGRAM <input type="checkbox"/> PT PROGRAM
----------------------------------	--

3. FACULTY APPLICANT FULL NAME	4. EMPLOYMENT STATUS (check one) <input type="checkbox"/> FULL - TIME <input type="checkbox"/> PART - TIME
---------------------------------------	--

5. POSITION TITLE (Check only one box and complete listed sections.)

<input type="checkbox"/> Director Sections 7, 8, 9, 12, 13	<input type="checkbox"/> Assistant Director Sections 7,8, 9, 12, 13	<input type="checkbox"/> Instructor Sections 6, 7, 8, 12, 13	<input type="checkbox"/> Additional Faculty Sections 6, 10	<input type="checkbox"/> Teacher Assistant Sections 7, 11, 12
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6. TEACHING ASSIGNMENT

<input type="checkbox"/> Teaching Theory content only	<input type="checkbox"/> Teaching Both Theory and Clinical
<input type="checkbox"/> Teaching Clinical content only	<input type="checkbox"/> Substitute for Theory / Clinical

7. PROFESSIONAL LICENSE INFORMATION: (Complete all that apply and attach copy of license)

<input type="checkbox"/> RN Lic. # _____	<input type="checkbox"/> LVN Lic. # _____	<input type="checkbox"/> PT Lic. # _____	<input type="checkbox"/> Out of State (if any) # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____ State _____

8. FACULTY TEACHING QUALIFICATIONS: *SUBMIT APPLICABLE DOCUMENTS TO DEMONSTRATE COMPLIANCE WITH CCR § 2529 (VN Program); or § 2584 (PT Program). Commonly used documents appear in parentheses.*

- Teaching Course: (Certificate of Completion or School Transcript. If teaching content is unclear, a copy of the course description is required.)
- Current Active California Professional License: (Copy of License).
- Baccalaureate Degree from Accredited School, University, or College: (Copy of school transcript showing date degree conferred, or diploma verifying program completion. For documents from a foreign jurisdiction, certification of equivalency by a valid credential evaluation service is required.)
- Valid Teaching Credential: (Copy of Credential. Please note that a credential **does not** constitute proof of a teaching course.)
- Letter on Official Letterhead Verifying Applicant is Qualified to Teach in Community College or State University: (Letter from CCC or CSU.)

9. DIRECTOR AND ASSISTANT DIRECTOR COURSE REQUIREMENTS

Submit a copy of faculty applicant's certificate or transcript from an accredited institution verifying successful completion of the following courses. If the course content cannot be clearly identified, please submit a copy of the catalog course description. Required per Title 16 CCR §§ 2529 (c) (1) [VN Director Qualifications], 2529 (c) (2) [VN Assistant Director Qualifications]; 2584 (c) (1) [PT Director Qualifications], 2584 (c) (2) [PT Assistant Director qualifications].

Administration Teaching Curriculum Development

10. ADDITIONAL FACULTY ONLY

Curriculum Courses To Be Taught: *(Check all that apply)*

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Anatomy & Physiology | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Normal Growth & Development |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |

- Baccalaureate Degree from Approved School, University, or College in Discipline Related to Curriculum Content Taught.
- Meets California Community College or California State University Teaching Requirements

11. RESPONSIBILITIES TEACHER ASSISTANT ONLY: *Identify the **PROPOSED TEACHING RESPONSIBILITIES** within your program.*

12. PROFESSIONAL EXPERIENCE AS AN RN OR LVN: *Include **PROFESSIONAL** experience over the last six years. **PLEASE PRINT***

FROM	TO	EMPLOYER/ADDRESS	POSITION	DUTIES

13. TEACHING EXPERIENCE: *Include **TEACHING** experience in an accredited/approved vocational/practical nursing program, psychiatric technician program, or registered nursing program over the last six years. **PLEASE PRINT***

FROM	TO	EMPLOYER/ADDRESS	POSITION	DUTIES

I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that the information contained in and submitted with this application is true and correct.

Faculty Applicant's Signature: _____ Date: _____

Applicant's Email Address: **(DIRECTORS ONLY)** _____ Phone #: _____

Program Director's Name: **(Please Print)** _____

Program Director's Signature: _____

Director's Email Address: _____



CLINICAL FACILITY APPROVAL APPLICATION

INSTRUCTIONS: Please complete both front and back of this form to demonstrate compliance with Title 16, California Code of Regulations (CCR) §§ 2534 and 2584. Submit separate forms for multiple campuses or if use of the facility is proposed for both Vocational Nurse (VN) and Psychiatric Technician (PT) programs. **ALL REQUESTED INFORMATION IS MANDATORY. FAILURE TO PROVIDE ALL INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

FOR BOARD USE ONLY

Approved By: _____

Date Approved: _____

PRINT LEGIBLY IN INK

SCHOOL NAME AND CAMPUS: _____ VN PT

1. NAME OF CLINICAL FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: ZIP:

TELEPHONE #: () _____ FAX #: () _____

2. NAME OF FACILITY ADMINISTRATOR: _____

3. NAME OF FACILITY DIRECTOR: _____

4. CONTACT PERSON: _____ TELEPHONE #: () _____ EMAIL: _____

5. TYPE OF FACILITY: _____

6. LICENSE STATUS (Check One):
 Licensed Certified Other

7. CLIENT POPULATION: *Check All That Apply*
 Adults Peds Geriatrics Other

8. AVERAGE DAILY CENSUS FOR FACILITY: _____

9. **FACILITY DIRECTOR: PLEASE INDICATE THE UNITS/SERVICES (OB, MED/SURG, PEDS, ETC.) AVAILABLE FOR STUDENT ASSIGNMENT FROM THIS PROGRAM, THE AVERAGE DAILY CENSUS FOR EACH AND THE MAXIMUM NUMBER OF STUDENTS FROM THIS PROGRAM THAT EACH UNIT CAN ACCOMMODATE.**

UNITS/SERVICES					
Average Daily Census for Unit/Services					
# Students Possible Per Unit/Services					

10. **FACILITY DIRECTOR: PLEASE ANSWER THE FOLLOWING QUESTIONS.**

- A. Were the student's clinical objectives given to you for review? Yes No
- B. Are the students' clinical objectives achievable in your facility? Yes No
- C. Does your facility limit the ratio of instructors to students? # ____ instructors to # ____ students. Yes No
- D. Will the instructor(s) have an orientation to your facility? Yes No
- E. Are students' required to complete a special facility orientation? Yes No
- F. Is the instructor free to make assignments which correlate with current theory classes, including administration of medications, treatments, use of equipment and charting? Yes No
- G. Is the instructor free to move students to areas where immediate, pertinent learning is available, even with short notice? Yes No
- H. Is adequate space available for classes and conferences? Yes No
- I. Is this space available for uninterrupted use by students and faculty? If not, what other arrangements have been made? Yes No

See page 2 for Facility Signature.

OVER

11. THE FOLLOWING INFORMATION MUST BE COMPLETED FOR EACH STUDENT LEVEL. IF THE CLINICAL EXPERIENCE WILL BE ACHIEVED AT A SATELLITE SITE, CHECK THIS BOX.

HOW MANY WEEKS WILL EACH STUDENT SPEND AT THIS FACILITY? (i.e. # weeks/student at facility) _____

A. Level of Student				
B. Starting Calendar Date				
C. Unit / Services				
D. Number of Students				
E. Days of Week				
F. Start & End Times of Day				
G. Total Hours Per Week *				
H. Pre-Conference Days & Times				
I. Post-Conference Days & Times				
J. Instructor on Site (List Days & Times)				

*# Days Per Week times # Hours Per Day must equal Total Hours per Week

12. Copies of the following documents must be attached.

- CLINICAL OBJECTIVES FOR EACH STUDENT LEVEL TO BE ACHIEVED AT THIS FACILITY
- PLAN FOR FACULTY ORIENTATION TO FACILITY

13. PROGRAM DIRECTOR: PLEASE ANSWER THE FOLLOWING QUESTIONS.

Did you discuss with the facility:

- A. Course description and student clinical objectives? Yes No
- B. Specific nursing care and procedures required for student achievement of clinical objectives? Yes No
- C. The facility's policies and procedures regarding student placement? Yes No
- D. The facility's documentation and charting methodologies? Yes No
- E. Location of facility emergency and non-emergency equipment? Yes No
- F. Facility emergency and non-emergency procedures? Yes No
- G. Scheduling of facility conference rooms? Yes No

14. *THIS SIGNATURE CONFIRMS THAT I HAVE REVIEWED AND AGREE WITH THE CONTENTS OF THIS FORM AND ALL ATTACHMENTS.*

FACILITY Director's Signature: _____ Date: _____

FACILITY Director's Printed Name: _____ Date: _____

15. *I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.*

PROGRAM Director's Signature: _____ Date: _____

PROGRAM Director's Printed Name: _____ Date: _____

FOR BOARD USE ONLY

NAME OF FACILITY REPRESENTATIVE SPOKEN WITH: _____ Approved Denied

COMMENTS:

BOARD CONSULTANT'S SIGNATURE: