



INTENT FOR CLINICAL FACILITY PLACEMENT

Program Name: _____ **Type:** VN PT

Program Campus Location: _____

Clinical Experience Address: _____

Facility Name: _____ **Telephone #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Facility Administrator/Director Name: _____

Name/Title of Person Responsible for Student Placement: _____

Facility Contact Person: _____

Telephone #: _____ **Email Address:** _____

Projected Term/Semester for Clinical Site: _____

Projected Content Area(s): _____

Projected Number of Students per Rotation: _____

Facility Director's Printed Name: _____

Facility Director's Signature: _____ **Date:** _____

Program Director's Printed Name: _____

Program Director's Signature: _____ **Date:** _____

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) to begin the approval process for a new school or program. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526 or 2581, as applicable. The information provided on this form will be used to identify the proposed school or program and to calculate an estimated wait time until active assignment to a nursing education consultant. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.