



**APPLICATION FOR APPROVAL OF A NEW PSYCHIATRIC TECHNICIAN  
SCHOOL OR PROGRAM  
("Program")**

(California Business and Professions Code (BPC) Sections 453-4532 and Title 16,  
California Code of Regulations (16 CCR) Sections 2581, 2584, 2585, 2585.1, 2586, 2587,  
2588, 2588.1, and California Education Code Section 94899)

**(\$5,000.00 Non Refundable Initial Application Fee)**

This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary. Any material misrepresentation of any information on the application is grounds for denial or subsequent removal of the approval.

Under Business and Professions Code (BPC) sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your approval may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies

**Section 1: Program Information**

Proposed Program Name: \_\_\_\_\_

Physical Address of Proposed Program: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Proposed Program (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Program Type:      \_\_\_\_\_ Full Time      \_\_\_\_\_ Part Time  
\_\_\_\_\_ Community College      \_\_\_\_\_ Adult School      \_\_\_\_\_ Regional Occupational Program  
\_\_\_\_\_ Private      \_\_\_\_\_ Hospital-Based      \_\_\_\_\_ Other: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Phone #: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliate Campus Only:** If this program is affiliated with an approved school or program, provide all of the following information. "Affiliated" means your school or program has a formal collaborative agreement with an approved school or program, as defined in BPC section 4531.1, that controls its academic policies and curriculum, and where your school or program agrees to utilize the policies and curriculum of the approved school or program.

Affiliate Campus Name: \_\_\_\_\_

Affiliate Campus Address: \_\_\_\_\_

Affiliate Campus Contact Name: \_\_\_\_\_

Affiliate Campus Contact Telephone Number: \_\_\_\_\_

Affiliate Campus Contact Email Address: \_\_\_\_\_

**Required Documentation:** Provide with this application a signed and dated copy of the formal collaborative agreement between your program and an approved school or program that is in good standing, showing your program agrees to utilize the curriculum and policies of the approved school or program. "In good standing" means the approved school or program has a current and active approval with the Board and no provisional approval.

**Section 2: Contact Person for this Application:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Section 3: Applicant/Ownership Information:**

Full Legal Name of Applicant/Owner of Program : \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For corporation or LLC applicants, list the following information for each of the principal individuals who are the officer(s), managers or officials of the entity who are responsible for the operations or management of the corporation or LLC.

Individual 1:

Name	Title
_____	_____
Address	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security Number/ITIN	E-mail address
_____	_____

Individual 2:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security No./ITIN	E-mail address
_____	_____

Individual 3:

Name	Title
_____	_____
Address Line 1	Phone
_____	_____
City, State, ZIP	Alternate Phone
_____	_____
Social Security No./ITIN	E-mail address
_____	_____

**Notice:** Collection of the SSN, ITIN, and FEIN is authorized by BPC sections 30 and 31. SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, and compliance with any judgment or order for family support in accordance with Family Code section 17520. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed, and you will be reported to the Franchise Tax Board; they may assess a \$100 penalty against you.

**Section 4: Form of Business Organization:**

The applicant will operate the program as a (check only one):

**(Note:** For corporations and Limited Liability Companies (LLC), provide a current and active California Secretary of State corporate or LLC entity registration number below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at [www.sos.ca.gov](http://www.sos.ca.gov).)

- Individually Owned/Sole Proprietorship. Social Security No. \_\_\_\_\_
- General Partnership FEIN # \_\_\_\_\_
- Limited Partnership FEIN # \_\_\_\_\_
- Corporation. SOS Reg. #. \_\_\_\_\_
- Limited Liability Company. SOS Reg. #. \_\_\_\_\_
- Government Owned Program

For corporations, submit the Articles of Incorporation, for an LLC, submit the Articles of Organization, and for partnerships, provide a current executed partnership agreement for the applicant business with this application.

**Section 5: Disciplinary History:**

Within the preceding 7 years from the date of this application, has the applicant ever had a school or program approval and/or any other license suspended, revoked, placed on probation, or had other disciplinary action, including public reproof or reprimand, taken against a license the applicant has held by a state licensing board in or outside of California?

Yes \_\_\_\_ No \_\_\_\_

If yes, attach a statement to this application providing all of the following: (1) the name of the state licensing board that imposed the discipline, (2) the type of discipline imposed, (3) the effective dates of discipline; and (4) a description of the violations found by the state licensing board.

**Section 6: Organization and Management:**

Provide an organizational chart which reflects the program’s current status, identifies all positions within the program and clearly distinguishes lines of accountability and communication.

Document attached: \_\_\_\_ Yes \_\_\_\_ No

**Section 7: Geographic Narrative:**

Attach a description of the geographic area and community to be served by the proposed school or program (e.g, demographics, numbers of health facilities in the area in need of psychiatric technicians, or potential future growth of the community). If this information has not changed since submission of the applicant’s Letter of Intent to the Board, please write “No Changes to Letter of Intent” here.

Document attached: \_\_\_\_ Yes \_\_\_\_ No

### **Section 8: Feasibility Narrative:**

Attach a description of the type of school or program being proposed, the total cost to the student to complete the program (including tuition, all fees, uniforms, materials, etc.) the intended start date, and the projected size of the first class. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write "No Changes to Letter of Intent" here.

Document attached:  Yes  No

### **Section 9: Philosophy of Program:**

Attach a document that outlines the program's values, ethics, and beliefs ("philosophy"). Examples of concepts generally found in a program's philosophy include humanity, society, health, wellness, illness, education, teaching and learning. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write "No Changes to Letter of Intent" here.

Document attached:  Yes  No

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### **Section 10: Conceptual Framework:**

Attach a document that guides the overall structure of the curriculum and reflects the philosophy of the program (as described in Section 9). If this information has not changed since submission of the applicant's Letter of Intent to the Board, write "No Changes to Letter of Intent" here.

Document attached:  Yes  No

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### **Section 11: Clinical Facility Placement:**

Attach a completed *Clinical Facility Verification Form*, Form 56M-3A (New 04/2022), for each health care facility. This form must be completed for each health care facility that agrees to provide clinical placement for students of the proposed program. 16 CCR section 2588 requires programs to have clinical facilities adequate as to number, type, and variety of patients treated, and to provide clinical experience for all students in the areas specified by 16 CCR section 2587.

Document attached:  Yes  No

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### **Section 12: Terminal Objectives:**

Attach a document that lists terminal objectives to indicate expected student outcomes upon successful completion of the program, including measurable criteria regarding the student's successful completion of progressive components of the program, i.e. courses, terms, semester. Concepts generally found within terminal objectives include successful completion of program hours and/or objectives, passing of examinations as set forth in

section 2570, and being able to perform as a competent entry level psychiatric technician. If this information has not changed since submission of the applicant's Letter of Intent to the Board, write "No Changes to Letter of Intent" here.

Document attached:  Yes  No

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**Section 13: Evaluation methodology for curriculum:**

Attach an explanation of the process that identifies the method(s) by which the curriculum is evaluated regularly.

Document attached:  Yes  No

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**Section 14: Attach course outlines for each course:**

Attach a course outline, a document that reflects the outline and objectives for specific competencies related to essential elements within separate courses or terms. Course outlines reflect entry-level competencies within the PT scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document(s) attached:  Yes  No

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**Section 15: Instructional plan:**

Attach the instructional plan and program hours for the proposed program using Forms 55M-2W and 56M-2E as described below. An instructional plan is a document that correlates theory and clinical content and hours on a weekly basis and provides an overview of the teaching schedule; the document must show the program's commitment to curriculum in which theory hours precede clinical hours. The following must be completed and submitted with this application: *Vocational Nursing or Psychiatric Technician Program Curriculum Content - Instructional Plan Form 55M-2W (New 04/2022)* and *Summary of Program Hours Psychiatric Technician Form 56M-2E (New 04/2022)* to meet the requirements of this section. Course outlines reflect entry-level competencies within the PT scope of practice, theory and correlated clinical experience, and progressive mastery of subject matter.

Document attached:  Yes  No

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**Section 16: Daily lesson plans:**

Attach copies of proposed daily lesson plans for each course of instruction. A daily lesson plan is a document that correlates the theory and practice for each instruction day for the instructor to follow.

Document attached:  Yes  No

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**Section 17: Faculty meeting methodology:**

Attach a document describing the faculty meeting methodology for the program, including a statement of the frequency of faculty meetings, and confirms that any minutes from those meetings shall be available to the Board's representative.

Document attached:  Yes  No

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**Section 18: Verification of Faculty Qualifications:**

Submit qualifications of the proposed faculty members for approval by the Board prior to employment as required by 16 CCR 2584. Attach a completed *Verification of Faculty Qualification* Form 55M-10 (New 04/2022) for each proposed faculty member with this application.

Document(s) attached:  Yes  No

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**Section 19: Evaluation methodology for clinical facilities:**

Attach an explanation of the process for evaluating clinical facilities, including identification of the tool(s) used by the program to evaluate the clinical facilities), e.g., surveys, forms, checklists.

Document(s) attached:  Yes  No

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**Section 20: Admission criteria:**

Provide an explanation of requirements for a student's admission to the school or program.

Document attached:  Yes  No

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**Section 21: Screening and selection criteria:**

Provide a document listing and explaining the criteria for selection of program candidates if there are more qualified applicants than available seats within an upcoming cohort. "Cohort" or "class" means a group of students intended for enrollment in an approved school or program of vocational nursing.

Document attached:  Yes  No

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## Section 22: Student Services List:

Provide a list of resources for provision of counseling and tutoring services for students and corresponding contact information (e.g., primary contact name, telephone number, mailing and/or email address). If this information has not changed since submission of the applicant's Letter of Intent to the Board, write "No Changes to Letter of Intent" here.

Document attached:  Yes  No

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## Section 23: Number of students:

Identify the proposed number of students for initial cohort: \_\_\_\_\_. If the school or program plans to accept alternate students, provide a document that describes the policy for admission of alternate students including:

- The criteria for accepting alternate students; and
- The process used if all alternates are not needed to fill class at the beginning of clinical experience.

Note the following per 16 CCR 2581:

- ❖ A school or program may admit alternate students in each new class to replace students who may drop out.
- ❖ The number of alternate students admitted may not exceed 10% of the school's approved number of students per class.
- ❖ Prior to admission, alternate students must be informed in writing of their alternate status and that they may be dropped from the program.
- ❖ Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.
- ❖ Upon commencement of clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that particular class.

Note: The number of students a school or program will be allowed to admit to its initial class is based on the program director's request and demonstrated available resources per 16 CCR 2585 and determined after all program documentation is submitted.

Document(s) attached:  Yes  No

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## Section 24: Evaluation methodology for student progress:

Provide a statement that describes the elements used for evaluation of student progress. (May include grading policy). Explain the process or identify the tool used by the instructor and/or preceptor (if applicable) to evaluate student progress in mastering the course and program objectives. The written narrative must identify objectives or criteria for measuring student progress and the methods for evaluation, action, follow-up, and documentation of outcomes. This methodology may include quizzes, testing, mid-term evaluations etc. for early identification of at-risk students.



Document attached:  Yes  No

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**Section 25: Attendance policy:**

Provide a written narrative describing the school or program’s attendance policy in compliance with 16 CCR 2585(h), which must include:

- ❖ Attendance criteria; and,
- ❖ Make-up criteria and forms if applicable which specify appropriate methods for make-up of theory and clinical objectives.

Document attached:  Yes  No

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**Section 26: Grievance policy:**

Provide a description of the program’s grievance policy and for providing notice of the policy as required by 16 CCR 2585 (j)(3).

Document attached:  Yes  No

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**Section 27: Required Notices:**

Attach a description of the process to advise students about their rights to contact the Board of program concerns, the program’s process for credit granting for previous education and experience, and the program’s Board-approved clinical facilities as required by 16 CCR 2585.

Document attached:  Yes  No

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**Section 28: Credit Granting:**

Attach a description of the program’s policy for giving credit toward the curriculum requirements, a determination of the curriculum area to which credit is applied, and justification for the credit applied, including how the program plans to comply with requirements for transfer credit for related previous education completed within the last five years in compliance with 16 CCR 2585.1.

Document attached:  Yes  No

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**Section 29: Remediation:**

Provide a description of how the program evaluates student performance to determine the need for remediation, including the program’s remediation criteria/policy and actions taken if the student does not fulfill the requirements.

Document attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Section 30: Program Resources:**

Provide a detailed description of the program resources, including: classroom(s), library and other learning resources (e.g., texts, videos, software, online materials, and other materials used to assist students to meet the expectations for learning), support services (e.g, course and career counseling, student financial aid advisors), physical space, skills laboratory and equipment to achieve the program's objectives. The program may also submit pictures of the campus and resources to support the included description. (16 CCR 2585 (a))

Document attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION 31: Eligibility for Expedited Review of Application (for Individual Owners/Sole Proprietorships Only)**

A. Are you serving in, or have you previously served in, the United States military? (BPC section 114.5)

- Yes
- No

B. If you answered “yes” above, are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? (BPC section 115.4)

- Yes
- No

If you checked “Yes” for this question, please provide the following documentation to receive expedited review: evidence of your current military duty (copy of your military orders) or your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).

C. Do any of the following statements apply to you:

- Yes
- No

- You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code,
- You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of Title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters of those who worked for or on behalf of the United States government].

D. If you selected “yes,” you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder as provided below. Failure to do so may result in application processing delays. “Evidence” shall include:

- Form I-94, arrival/departure record, with an admission class code such as “re” (refugee) or “ay” (asylee) or other information designating the person a refugee or asylee.
- Special Immigrant Visa that includes the “si” or “sq”
- Permanent resident card (Form I-551), commonly known as a “green card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Business and Professions Code section 135.4.

**I declare under penalty of perjury under the laws of the State of California that I am authorized to sign this application on behalf of the applicant, that I have read this application and the information provided herein along with any accompanying documents, and that the foregoing and all attachments are true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant or Authorized representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information provided in this application will be used by the Board of Vocational Nursing and Psychiatric Technicians (Board) to determine whether the applicant institution qualifies for approval. Unless otherwise specified, all information requested on this application is mandatory. Sections 30, 31, 494.5, and 4531.1 of the California Business and Professions Code and Title 16 CCR section 2581 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, the Franchise Tax Board, the California Department of Tax and Fee Administration, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. Each individual or applicant has the right to review their file, except as otherwise provided by the California Information Practices Act. Social security numbers (SSN) and individual taxpayer identification numbers (ITIN) are not considered public records. However, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the Board is responsible for maintaining the information in this form, and may be contacted at 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833, telephone number 916-263-7843 regarding questions about this notice or access to records.