

**State of California
Office of Administrative Law**

In re:
Board of Vocational Nursing and Psychiatric
Technicians

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections: 2537.2, 2590.2

Amend sections: 2525, 2526, 2580, 2581

Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION

Government Code Sections 11346.1 and
11349.6

OAL Matter Number: 2022-0616-03

OAL Matter Type: Emergency (E)

This action amends the regulations on the approval process for nursing programs and psychiatric technician programs (16 CCR §§ 2525, 2526, 2580, and 2581.) It also adopts new regulations regarding the fees associated with the approval process for these programs (16 CCR §§ 2537.2 and 2590.2.)

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 6/27/2022 and will expire on 06/28/2023. The Certificate of Compliance for this action is due no later than 06/27/2023.

Date: June 27, 2022



Sam Micon
Attorney

For: Kenneth J. Pogue
Director

Original: Elaine Yamaguchi, Executive
Officer

Copy: Doris Pires

OFFICE OF ADMINISTRATIVE LAW

300 Capitol Mall, Suite 1250
Sacramento, CA 95814
(916) 323-6225 FAX (916) 323-6826

Kenneth J. Pogue
Director

July 01, 2022

TO: Secretary of State

FROM: Samuel Micon, Attorney (916-323-6809)

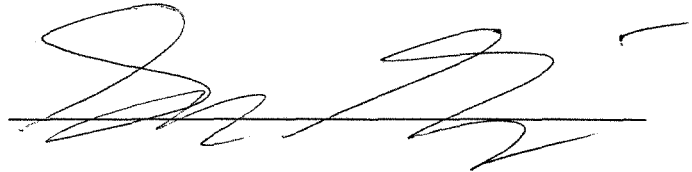
RE: OAL file no. 2022-0616-03E; Board of Vocational Nursing and Psychiatric Technicians

Date filed with the Secretary of State: 06-27-2022

PLEASE RETAIN THIS COMMUNICATION WITH YOUR COPY OF THE ABOVE-ENTITLED REGULATIONS.

On June 27, 2022, this regulatory action was filed with the Secretary of State. The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) incorporated thirteen forms into the text by reference, among them Forms 56M-2E (04/2022) and 55M-3A (04/2022). However, BVNPT mistakenly left those forms out of the final text filed with the Secretary of State.

Forms 56M-2E (04/2022) and 55M-3A (04/2022) are attached to this Memorandum. Please place and keep this Memorandum and the attached forms with OAL file no. 2022-0616-03E, which was filed on June 27, 2022. Please contact me if you have any questions.



Attachments: A copy of the STD. 400 for OAL file no. 2022-0616-03E
Form 56M-2E (04/2022) for OAL file no. 2022-0616-03E
Form 55M-3A (04/2022) for OAL file no. 2022-0616-03E
BVNPT Summary Explanation (RE: OAL File No. 2022-0616-03E –
Notice of Approval)

cc: Doris Pires, Board of Vocational Nursing and Psychiatric Technicians
Kristy Schieldge, Board of Vocational Nursing and Psychiatric Technicians
Kathryn Ayres, Thomson-Reuters California Code of Regulations



ENDORSED - FILED
In the office of the Secretary of State
of the State of California

JUL 01 2022
1:53pm

EMERGENCY

For use by Secretary of State only

OAL FILE NUMBERS Z-	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER 2022-0616-03E	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

JUN 27 2022
Received at 2:16 pm

<p>OFFICE OF ADMIN. LAW 2022 JUN 16 AM 11:29</p>	<p>NOTICE</p>
<p>REGULATIONS</p>	

AGENCY WITH RULEMAKING AUTHORITY Board of Vocational Nursing and Psychiatric Technicians	AGENCY FILE NUMBER (If any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Program Approval Process	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT 2537.2, 2590.2
AMEND 2525, 2526, 2580, 2581
REPEAL 16

3. TYPE OF FILING
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input checked="" type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input checked="" type="checkbox"/> Other (Specify) Kimberly Kirchmeyer, Director, Department of Consumer Affairs

7. CONTACT PERSON Doris Pires	TELEPHONE NUMBER (916) 263-7864	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Doris.Pires@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Elaine Yamaguchi</i>	DATE May 20, 2022
TYPED NAME AND TITLE OF SIGNATORY Elaine Yamaguchi, Executive Officer	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 27 2022

Office of Administrative Law



CLINICAL FACILITY VERIFICATION FORM - VN

This form must be completed in its entirety by each health care facility that agrees to provide clinical placement for students of the below proposed educational program. Failure to complete the form may result in a delay in the processing of the application for the proposed program.

Program Name: _____ Director's Name: _____

Telephone #: _____ Email Address: _____

Name of Health Care Facility: _____

Facility Address: _____

Type of Facility (acute care, SNF, long term care, clinic, private practice office, etc.): _____

Name of Director of Nursing/Primary Contact: _____

Telephone #: _____ Email Address: _____

Term/Semester Requested: _____

	Medical Surgical	Leadership Supervision	Maternity	Pediatrics	Psych-Mental Health	Fundamentals
Type of units where students can be placed in the health care facility (place X in column):						
Average daily census for each area:						
Number of students placed in the unit at any one time:						
Identify shifts and days available for placement of students in the program:						

Instructor to student ratio: _____

This facility intends to offer clinical placement(s) to this new program.

 Signature of Facility Representative Completing this Form

 Date

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) as part of the application process for a new school or program of vocational nursing or for preparation of psychiatric technicians. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526, as applicable. The information provided on this form will be used to evaluate eligibility for Board approval of a new program of vocational nursing or for the preparation of psychiatric technicians. 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.

**SUMMARY OF PROGRAM HOURS
PSYCHIATRIC TECHNICIAN PROGRAM**

Name of Program: _____ **Date:** _____

Reference: California Code of Regulations (CCR) Title 16 2586 (Curriculum Hours) and 2587 (Curriculum Content)

Curriculum Content	Prerequisites	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Totals
Anatomy & Physiology								0
Nutrition								0
Psychology								0
Normal Growth & Development								0
Nursing Process								0
Communication								0
Nursing Science								0
Fundamentals								0
Med/Surg								0
Comm Dis								0
Gerontological								0
Patient Education								0
*Pharmacology								0
Developmental Disabilities								0
*Mental Disorders								0
Leadership								0
Supervision								0
Ethics								0
Critical Thinking								0
Culturally Congruent Care								0
End of Life Care								0
								0
								0
								0
Total Theory Hours	0	0	0	0	0	0	0	0
Skills Lab Hours								0
Simulation (if approved)								0
Clinical Experience Hrs								0
Total Clinical Hours	0	0	0	0	0	0	0	0
TOTAL PROGRAM HOURS								0

Breakout of Clinical Hours by Topic Areas:

Topic	Hours
Nursing Science Fundamentals	0
Nursing Science Medical-Surgical	0
Developmental Disabilities	0
Mental Disorders	0
Total Clinical Hours	0

*Pharmacology shall include:

- Knowledge of commonly used drugs and their actions
- Computation of dosages
- Preparation of medications
- Principles of Administration

*Mental Disorders shall include addictive behaviors and eating disorders

If some hours are integrated (not directly counted) please show these hours within parentheses or brackets.