



APPLICATION FOR RENEWAL OF LICENSE
(ATTACH RENEWAL FEE)

DO NOT WRITE IN THIS SPACE
CA NUMBER
LICENSE NUMBER

Check One

- Vocational Nurse Psychiatric Technician

Renewal application procedures:

- Complete and sign the application for renewal of license.
- Determine the appropriate renewal fee due based on the expiration date on your license from the accrued renewal fee schedule at <https://www.bvnpt.ca.gov/>.
- Attach a check or money order made payable to the BVNPT. This is a nonrefundable fee. DO NOT SEND CASH.
- Mail the application and fee to the above address.

PRINT OR TYPE (DO NOT USE PENCIL)

1. NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____		
2. ADDRESS (STREET OR BOX NUMBER) _____ (APT. NO) _____		
3. CITY _____ STATE _____ ZIP _____		
4. BIRTHDATE (Month/Day/Year) _____	5. SOCIAL SECURITY NUMBER* _____ <i>*NOT required but may assist in identifying records</i>	6. TELEPHONE NUMBER Business () _____ Home () _____
7. LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____		
8. IS THIS A NAME CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS AN ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: Name changes must be submitted with evidence showing your new legal name (e.g., copy of your driver's license, social security card, divorce decree or marriage certificate).		
9. I WISH TO APPLY FOR THE FOLLOWING TYPE LICENSE: <input type="checkbox"/> Active (Complete the continuing education information below in Section 10) <input type="checkbox"/> Inactive (Fee required is the same as fee for an active license)		
10. CONTINUING EDUCATION (CE) REQUIREMENT – CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> This is my first renewal. CE is not required on the first renewal. <input type="checkbox"/> I have not completed the 30 hours of CE. Renew my license with an "inactive" status. <input type="checkbox"/> I have completed 30 hours of CE within the last two years. My CE information is: [If additional space is required, please include it on a separate page.] Course Name: _____ # of Contact Hours: _____ Completion Date: _____ Course Provider#: _____		
11. SINCE YOUR LAST RENEWAL, HAVE YOU HAD ANY LICENSE DISCIPLINED BY A GOVERNMENT AGENCY OR BEEN CONVICTED OR PLED GUILTY TO ANY CRIME? A conviction must be reported regardless of whether it was an infraction, misdemeanor, or felony, except that you need not report a conviction for a traffic infraction if the fine was less than \$1000 and the infraction did not involve alcohol or controlled substances. You must, however, disclose any conviction in which you entered a plea of no contest (Nolo Contendere) and any convictions that were subsequently set aside or dismissed pursuant to Sections 1000 or 1203.4 of the Penal Code. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES", please attach explanation.</i>		
12. HAVE YOU COMPLIED WITH THE FINGERPRINT REQUIREMENT? For licenses expiring after April 1, 2009, fingerprinting is required as a condition of renewal for anyone licensed prior to January 1, 1998 or for whom a record of the submittal no longer exists. <input type="checkbox"/> YES Check the "yes" box if either 1) you were licensed on or after January 1, 1998 or 2) you were licensed before January 1, 1998 and submitted your fingerprints on or after January 9, 2009. <input type="checkbox"/> NO Check the "no" box if you were licensed before January 1, 1998 and did not submit your fingerprints on or after January 9, 2009. If you check "no" your license will not be renewed until you comply with the requirement to submit your fingerprints. <input type="checkbox"/> N/A Check the "n/a" (not applicable) box if you are renewing a license that expired before April 1, 2009.		
13. PLEASE READ CAREFULLY BEFORE SIGNING. False statements included in this application can result in discipline against your license up to and including revocation. <p style="text-align: center;"><i>"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."</i></p> SIGNATURE: _____ DATE: _____		