STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 www.bvnpt.ca.gov

INSTRUCTIONS TO APPLICANTS FOR "LICENSURE BY ENDORSEMENT" AS A LICENSED VOCATIONAL NURSE

Notice to Individuals (Civil Code Section 1798.17) -- ALL items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information requested will be used to determine qualifications for examination and/or registration under the California Vocational Nursing Practice Act. The official responsible for information maintenance is the Executive Officer at the above noted address and telephone number. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, for it to perform its duties. Individuals have the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY WHEN COMPLETING YOUR APPLICATION:

If You Are Licensed as a Practical/Vocational Nurse in Another U.S. State or Territory

You will be eligible for licensure without examination, pursuant to Section 2872.1 of the Business and Professions Code, provided that you:

1. Present satisfactory proof of a current and valid license as a Vocational Nurse or Practical Nurse, or in an equivalent capacity, by another state, a territory of the United States or a foreign country; **and**

2. Took the National Council Licensure Examination for Practical Nurses (NCLEX-PN) or the National League for Nursing State Board Test Pool Examination for Practical Nurse (NLN), and passed said examination with a score equal to or above the minimum passing score required by the Board. (Licensure exams in other countries do not satisfy this requirement unless the country administers one (1) of the exams listed above.)

If You Are NOT Licensed as a Practical/Vocational Nurse in Another U.S. State or Territory

YOU HAVE RECEIVED THE WRONG APPLICATION PACKAGE. Please contact the Board at (916) 263-7800 and request an ***Application for Licensure by Examination***.

APPLICATION FOR VOCATIONAL NURSE LICENSURE BY ENDORSEMENT – To apply for Vocational Nurse Licensure you must submit the following documentation:

A. **Application for Vocational Nurse Licensure (55A-1)** – Complete and sign the Application for Vocational Nurse Licensure.

B. **Social Security Number*** – Business and Professions Code Section 30 and Public Law 94-455 [(42 USCA (c) (2) (C))] authorize collection of your Social Security Number. Applications for licensure will not be processed until a valid U.S. Social Security Number is received.

C. **Photograph** – In a sealed envelope, include one 2" X 2" front view, head and shoulders, photograph of yourself. Please sign your name on the back of the photograph. This picture **must** be current.

D. **Fingerprint Cards** – See enclosed **"IMPORTANT FINGERPRINT INFORMATION"**. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. *Note: A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM DOJ.*

E. **Fee** – Attach a check for $150.00 made payable to the "BVNPT". This is a non-refundable fee that covers the application process. Do **NOT** send cash. **If you will be submitting the hard card fingerprints rather than live scan fingerprints you must also submit the $49.00 fingerprint processing fees. (See "Important Fingerprint Information" enclosed.)**

F. **Proof of 12th Grade Education** – **Attach** proof of 12th grade education or its equivalent. A copy of your high school diploma **or** GED certificate is acceptable.

G. **Verification of Licensure** – There are two (2) methods available for obtaining license verification depending on the State Board where you are/were licensed:

1. **Verification of Licensure Form (55A-5)** - Send this form to the State Board of Nursing through which you were originally licensed. You may wish to contact that State Board regarding a processing fee for completion of this form.

   NOTE: **If your original license is expired** you must also send a Verification of Licensure form to the State Board in which you are **currently** licensed and practicing as a Vocational Nurse.

   If you were **originally** licensed in the State of California and your California license has expired, you must send the Verification of Licensure form to the State Board in which you are **currently** licensed.

2. **NURSYS License Verification Request Form** – If you are licensed in a state that is a member of the NURSYS verification system, please visit the National Council of State Boards of Nursing, Inc. website at www.ncsbn.org to obtain instructions and the NURSYS License Verification Request Form.

H. **Record of Military Education (55A-4A) – Complete and sign this form only if you qualified for licensure on the basis of U.S. Military education.**

I. **Record of Conviction (55A-6) – Complete and sign** the Record of Conviction. Failure to complete this form accurately may delay the processing of your application.

J. **If you are currently licensed in another state** other than your original state of licensure, please send a copy of that current license showing the expiration date.

IMPORTANT INFORMATION

Address Change

- If you change your address after submitting your application for licensure, you **must** notify the Board in writing, **immediately, but no later than thirty (30) days from the date of the address change**.

Application Processing and Timelines

- The documents you submit **will not** be returned to you.
- You are encouraged to file your application at least three (3) months prior to your anticipated licensure date to allow sufficient time for fingerprint processing and the Board's evaluation process.
- The average time for DOJ and FBI fingerprint processing is a minimum of 8 - 12 weeks if the hard card method of fingerprinting is utilized. (See "Important Fingerprint Information" enclosed.) **A license will not be issued until the Board receives the background information from the DOJ**.
- The evaluation process will take place concurrent with the fingerprint processing. **It takes approximately 6 - 8 weeks for the evaluation process. You will be notified at that time if additional information is needed to complete the evaluation of your application**.

Fees

- The fees for evaluation of your application and processing your fingerprint cards are non-refundable. In addition, please be advised that the fingerprint processing fees are subject to change without notice by the DOJ and FBI. **All applicants for licensure are required to attach a check or money order made payable to the "BVNPT" with their application. Please do not send cash.**

APPLICATION FOR LICENSURE BY ENDORSEMENT

Application Fee	$150.00

FINGERPRINT PROCESSING FEES

FBI Fingerprint Card Processing Fee	$17.00
DOJ Fingerprint Card Processing Fee	$32.00
	$49.00**

INITIAL LICENSE FEE

When all requirements for licensure have been met, the Board will advise you of the Initial License Fee to be paid. This fee is in addition to the application evaluation fee.

Name Change

- If you change your name, please notify the Board in writing and attach a copy of one of the following documents: Marriage Certificate, Divorce Decree, Passport, or Driver's License.

*** Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c) (2) (C))] authorizes collection of your Social Security Number. Your Social Security Number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security Number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.**

**** If you will be submitting the hard card fingerprints rather than live scan fingerprints, you must include the $49.00 fingerprint processing fees with your fingerprint cards. The fingerprint processing fees may be combined with the application fee and submitted to the Board on one check or money order, made payable to the "BVNPT". (See "Important Fingerprint Information" enclosed.)**

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APPLICATION FOR VOCATIONAL NURSE LICENSURE

DO NOT WRITE IN THIS SPACE
APP. NO
LIC. NO
ILF-CA NO.
ATS NO.

(ATTACH $150 APPLICATION FEE. AN ADDITIONAL $49 FINGERPRINT FEE IS REQUIRED FOR PROCESSING "HARD CARD" FINGERPRINTS – SEE ENCLOSED INSTRUCTIONS.)

Read all the enclosed instructions carefully before completing this application. This information is required under Business and Professions Code Division 2, Chapter 6.5, Articles 1 and 2. The information you furnish will be used to determine your eligibility for licensure. If additional space is needed to complete any section of this application, please attach additional sheets. The Executive Officer of the Board is responsible for information maintenance.

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*

6. TELEPHONE NUMBER
Business (____)_____
Home (_____)_____
Area Code

7. DID YOU GRADUATE FROM HIGH SCHOOL? ☐YES ☐NO NAME OF HIGH SCHOOL:_____ CITY/STATE:_____

DID YOU PASS A HIGH SCHOOL EQUIVALENCY TEST? ☐YES ☐NO IF NO, CIRCLE THE HIGHEST GRADE YOUCOMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

8. DID YOU ATTEND A VOCATIONAL/PRACTICAL NURSING PROGRAM? ☐YES ☐NO DID YOU GRADUATE FROM THE PROGRAM? ☐YES ☐NO
IF YES, NAME OF VOCATIONAL/PRACTICAL NURSING PROGRAM: DATE STARTED: DATE COMPLETED: STATE OR COUNTRY:

9. DID YOU ATTEND A REGISTERED NURSING PROGRAM? ☐YES ☐NO DID YOU GRADUATE FROM THE PROGRAM? ☐YES ☐NO
IF YES, NAME OF REGISTERED NURSING PROGRAM: DATE STARTED: DATE COMPLETED: STATE OR COUNTRY:

10. HAVE YOU EVER BEEN LICENSED AS A VOCATIONAL/PRACTICAL NURSE? ☐YES ☐NO DATE LICENSED:_____ STATE OF ORIGINAL LICENSE:_____

IF YES, HAS THIS LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION? ☐YES ☐NO (*IF YES, ATTACH EXPLANATION*)

11. HAVE YOU EVER BEEN LICENSED AS A REGISTERED NURSE? ☐YES ☐NO DATE LICENSED:_____STATE OF ORIGINAL LICENSE:_____

IF YES, HAS THIS LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION? ☐YES ☐NO (*IF YES, ATTACH EXPLANATION*)

12. HAVE YOU EVER APPLIED TO THIS BOARD FOR LICENSURE UNDER A DIFFERENT NAME? ☐YES ☐NO
IF "YES", PLEASE LIST OTHER NAMES:

WILL DOCUMENTS BE SUBMITTED TO THIS BOARD UNDER A DIFFERENT NAME? ☐YES ☐NO
IF YES, PLEASE LIST OTHER NAMES:

13. **CONFIDENTIALITY NOTICE:** YOU ARE ADVISED THAT PURSUANT TO BUSINESS AND PROFESSIONS CODE, SECTION 123, THE CONTENT OF THE VOCATIONAL NURSE LICENSURE EXAMINATION IS CONFIDENTIAL. IF YOU ARE DEEMED ELIGIBLE TO TAKE THIS EXAMINATION, YOU ARE HEREBY NOTIFIED THAT UNAUTHORIZED POSSESSION, REPRODUCTION, OR DISCLOSURE OF ANY EXAMINATION MATERIALS IS IN VIOLATION OF THE LAW AND SUBJECT TO CRIMINAL MISDEMEANOR PROSECUTION. A VIOLATION OF THIS TYPE MAY ALSO RESULT IN CIVIL LIABILITY AND/OR DISCIPLINE BY THE LICENSING AGENCY INCLUDING THE DENIAL OF LICENSURE.

14. **PHOTOGRAPH REQUIREMENTS:** YOU MUST ATTACH A CURRENT, FRONT VIEW, HEAD AND SHOULDER PHOTOGRAPH OF YOURSELF IN A SEALED ENVELOPE. THE PHOTOGRAPH SHOULD BE 2" X 2" AND MUST BE SIGNED ON THE BACK.

15. **PLEASE READ CAREFULLY BEFORE SIGNING**. *– I hereby certify, under penalty of perjury under the laws of the State of California, that the foregoing, including any attachments, is true and correct. False statements included in this application can result in licensure denial.*

SIGNATURE:_____ DATE:_____

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –
Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c) (2) (C))] authorizes collection of your Social Security Number. Your Social Security Number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security Number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

STATE OF CALIFORNIA
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VERIFICATION OF LICENSURE

INSTRUCTIONS TO APPLICANT: Complete Section I of this form and mail it to the State Board of Nursing through which you were originally licensed. You may wish to contact that State Board regarding a processing fee for completion of this form.

NOTE: **If your original license is expired**, you must also send a Verification of Licensure form to the State Board in which you are **currently** licensed and practicing as a vocational nurse.

If you were **originally** licensed in the State of California and your California license has expired, you must send the Verification of Licensure form to the State Board in which you are **currently** licensed.

SECTION I - TO BE COMPLETED BY APPLICANT (ITEMS 1-6). 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*	6. TELEPHONE NUMBERS BUSINESS (916) 916_____ HOME ( ) _____ AREA CODE

SECTION II - TO BE COMPLETED BY STATE BOARD OF VOCATIONAL OR PRACTICAL NURSING. PRINT OR TYPE (DO NOT USE PENCIL).

7. ORIGINAL LICENSE #:_____ORIGINAL ISSUANCE DATE:_____ LICENSE CURRENTLY RENEWED UNTIL:_____ ☐ACTIVE ☐ INACTIVE

8. APPLICANT ATTENDED AN "ACCREDITED" SCHOOL OF PRACTICAL/VOCATIONAL NURSING: ☐YES ☐NO GRADUATION DATE:_____

9. APPLICANT PASSED THE N.L.N. EXAMINATION: ☐YES ☐NO APPLICANT PASSED THE NCLEX/PN EXAMINATION: ☐YES ☐NO OTHER:_____

10.SERIES NUMBER OF EXAMINATION TAKEN:_____ SCORE ACHIEVED:_____

11.HAS LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐YES ☐NO IF ANSWER IS "YES", PLEASE ATTACH STATEMENT GIVING PERTINENT INFORMATION.

12.DID APPLICANT SUBMIT PROOF OF COMPLETION OF THE 12TH GRADE? ☐YES ☐ NO

13. *I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

(BOARD SEAL)

SIGNATURE:_____

TITLE:_____

BOARD NAME:_____

STATE:_____

DATE:_____

*** SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –**
Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.

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RECORD OF MILITARY EDUCATION

This Section To Be Completed By Applicant Who Qualifies On The Basis Of U.S. Military Education

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*

6. TELEPHONE NUMBER
Business ( ) 916_____
Home ( )_____
Area Code

7. SPECIFY THE BRANCH OF MILITARY YOU SERVED IN: ☐ AIR FORCE ☐ ARMY ☐ COAST GUARD ☐ MARINES ☐ NAVY

8. DATE OF ENLISTMENT:_____ DATE OF DISCHARGE:_____ TYPE OF ENLISTMENT: ☐ ACTIVE ☐ RESERVE

9. DATES OF SERVICE FOR YOUR ACTIVE DUTY IN MEDICAL CORPS. FROM:_____ TO:_____

10. NAME OF COURSE IN "NURSING":_____ DATE STARTED:_____ DATE COMPLETED:_____

11. CLASSROOM INSTRUCTION IN NURSING RECEIVED AT:

- ☐ DETACHMENT 1 (NURSE) 5TH BRIGADE, 104TH DIVISION INSTITUTIONAL TRAINING (FORMERLY 6662ND USARF), PASADENA, CA
- ☐ 6227TH US ARMY RESERVE SCHOOOL, MOFFETT FIELD, CA
- ☐ 91 C PRACTICAL NURSE COURSE, FORT SAM HOUSTON, TX
- ☐ OTHER:_____

12. CLINICAL INSTRUCTION IN NURSING RECEIVED AT:

- ☐ BROOKE ARMY MEDICAL CENTER, FORT SAM HOUSTON, TX
- ☐ D. D. EISENHOWER ARMY MEDICAL CENTER, FORT GORDON, GA
- ☐ MADIGAN ARMY MEDICAL CENTER, TACOMA WA
- ☐ WOMACK ARMY MEDICAL CENTER, FORT BRAGG, NC
- ☐ WILLIAM BEAUMONT ARMY MEDICAL CENTER, FORT BLISS, TX
- ☐ WALTER REED ARMY MEDICAL CENTER, WASHINGTON, D.C.
- ☐ OTHER:_____

13. YOU MUST HAVE YOUR U.S. MILITARY SCHOOL OF NURSING SUBMIT AN OFFICIAL CERTIFIED TRANSCRIPT OF YOUR NURSING EDUCATION DIRECTLY TO THE BOARD.

14. *I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

SIGNATURE:_____ DATE:_____

* **SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –** Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS
RECORD OF CONVICTION

TYPE OR PRINT (USE BLUE OR BLACK INK ONLY). IF MORE SPACE IS NEEDED TO COMPLETE ANY SECTION, PLEASE ATTACH ADDITIONAL SHEETS.

1. NAME (LAST) (FIRST) (MIDDLE)

2. ADDRESS (STREET OR BOX NUMBER) (APARTMENT NUMBER)

3. CITY STATE ZIP

4. BIRTHDATE (MM/DD/YYYY)

5. SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER

6. TELEPHONE NUMBERS

CELL (_____) _____

HOME (_____) _____

BUSINESS (_____) _____

7. Pursuant to Business and Professions Code Section 480 (c), any false statements included in this application may result in license denial. Please carefully read all information contained on the front and back of this form before signing. **I declare under penalty of perjury under the laws of the State of California that the information provided herein and attachments is true and correct.**

Signature: _____ Date: _____

8. Are you or have you previously been licensed or certified as a psychiatric technician, practical, vocational or registered nurse, or any other healthcare professional in this or any other state, territory or country? ☐ Yes ☐ No

A.	State	License Type	License #	Expiration Date #
		☐ PT ☐ LVN/LPN ☐ RN ☐ Other (specify) _____		
		☐ PT ☐ LVN/LPN ☐ RN ☐ Other (specify) _____		
		☐ PT ☐ LVN/LPN ☐ RN ☐ Other (specify) _____		

B. Has your license or certification ever been suspended, revoked, placed on probation or disciplined? ☐ Yes ☐ No
If Yes, you must explain the basis for the disciplinary action and submit a copy of the disciplinary order.

C. Have you used any other names? ☐ Yes ☐ No
If Yes, list all other names used: _____

9. Have you ever been convicted of, pled guilty to, or pled nolo contendere to ANY offense in the United States or a foreign country? ☐ Yes ☐ No
If YES, you must, complete item 12 on the back of this form.

This includes every citation, infraction, misdemeanor and/or felony, excluding traffic violations **under $1,000** which do not involve alcohol, dangerous drugs or controlled substances. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to section 1203.4, 1203.4a or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

10. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e) or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court? ☐ Yes ☐ No
If YES, you must, complete item 12 on the back of this form.

11. Is any court action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? ☐ Yes ☐ No
If YES, you must, complete item 12 on the back of this form.

- CONTINUED ON REVERSE -

12. If you answered yes to item 9, 10, or 11, you must provide all of the information requested below for each offense. Department of Motor Vehicles printouts are not accepted in lieu of completing this section. If more space is needed to complete this section, please attach additional sheets.

If you have been convicted of a crime, you must submit certified court documents, police reports, and a detailed explanation, in your own words, for each offense. (Certified court/police documents are obtained directly from the court/police department with an **original** stamp of certification. Do not send copies, as they will not contain an original certification and will not meet the requirement for certified documents. If the police report and/or court documents are no longer available, you must obtain a statement from the police department or court attesting to that fact.) **Additionally, please submit documents regarding your rehabilitation efforts, such as:**

- Proof that you complied with the terms of your parole, probation, restitution or any other court imposed sanctions.
- Evidence of expungement proceedings pursuant to penal code section 1203.4, 1203.4(a), or 1203.41.
- Any other evidence of rehabilitation you wish the board to consider.

A. Date of Offense ____________________ B. City and State of Offense ____________________

C. Name and location of court where your case was heard ____________________

D. Details of the offense of which you were convicted ____________________

____

E. Date of Conviction ____________________ F. Date(s) of Imprisonment, if applicable ____________________

G. Amount of fine paid ____________________ H. Period of Probation ____________________

I. Conditions of Probation ____________________

____

____

A. Date of Offense ____________________ B. City and State of Offense ____________________

C. Name and location of court where your case was heard ____________________

D. Details of the offense of which you were convicted ____________________

____

E. Date of Conviction ____________________ F. Date(s) of Imprisonment, if applicable ____________________

G. Amount of fine paid ____________________ H. Period of Probation ____________________

I. Conditions of Probation ____________________

____

____

A. Date of Offense ____________________ B. City and State of Offense ____________________

C. Name and location of court where your case was heard ____________________

D. Details of the offense of which you were convicted ____________________

____

E. Date of Conviction ____________________ F. Date(s) of Imprisonment, if applicable ____________________

G. Amount of fine paid ____________________ H. Period of Probation ____________________

I. Conditions of Probation ____________________

____

____

Important note: You will be permitted to take the licensing examination regardless of any criminal conviction history you disclose. However, a determination as to whether your license will be granted or denied will not be made until you have passed the examination and the board has received all required conviction documentation.

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Notice on Collection of Personal Information For Applicants and Licensees

Collection and Use of Personal Information. The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technicians Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the BVNPT at 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7800 or email bvnpt@dca.ca.gov.

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INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

I. FINGERPRINT REQUIREMENTS

All applicants are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable.

A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ. However, the Board will not delay licensure while awaiting the FBI reports. If a conviction is subsequently reported by the FBI, the Board will take disciplinary action against the license if the conviction is substantially related to the licensee's scope of practice.

Fingerprint Fees

The DOJ and FBI fingerprint processing fees are established by each agency and are subject to change by the agency without notice from the Board. Section 11105(e) of the Penal Code authorizes the Board to collect fees sufficient to recover the expense of conducting background checks.

DOJ FINGERPRINT PROCESSING FEE $32.00
FBI FINGERPRINT PROCESSING FEE $17.00

The fingerprint processing fees must be in the form of cash, check or money order, and must be paid at the Applicant Live Scan site at the time that you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.

II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **THE THIRD COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the second copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at http://ag.ca.gov/fingerprints/publications/contact.php, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

SEE BACK PAGE FOR SPECIFIC INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

- **Your name must be identical to that submitted on your application**.
- All applicants must complete all items which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1:

Job Title of Type of License, Certification or Permit - Place an "X" in the box next to the license type for which you are applying (i.e., vocational nurse license or psychiatric technician license).

Box 2: No action required.

Box 3:

Name of Applicant - Indicate your complete name, identical to that submitted on your application
AKA's - Indicate all other names used (i.e., maiden name, previous married names, and/or alias names)
DOB - Indicate your month/day/year of birth
Sex – Place an "X" in the appropriate box (i.e., Male or Female)
HT - Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches)

EXAMPLE: 5 feet 9 inches = 509

WT - Indicate your weight in pounds
Eye Color - Indicate eye color abbreviation:

BLK - Black	**GRY** - Gray	**MAR** - Maroon
BLU - Blue	**GRN** - Green	**PNK** - Pink
BRO - Brown	**HAZ** - Hazel	**MUL** - Multicolor

Hair Color - Indicate hair code abbreviation:

BAL - Bald	**BRO** - Brown	**SDY** - Sandy
BLK - Black	**GRY** - Gray	**WHI** - White
BLN - Blonde	**RED** - Red	

POB - Indicate the state or country of birth
SOC - Enter your social security number
CDL - Enter your California Driver's license number

Box 4:

Level of Service – If you are submitting fingerprints with your initial application to the Board, indicate both DOJ and FBI by placing an "X" in each box. If you have previously submitted fingerprint cards which have been rejected, the appropriate information will be entered by Board staff.

Box 5: No action required.
Box 6: To be completed by the Live Scan operator.

REMEMBER, THE THIRD COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 www.bvnpt.ca.gov

IMPORTANT FINGERPRINT INFORMATION
PLEASE READ CAREFULLY

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants for vocational nurse and psychiatric technician licensure.

There are currently two methods available for submitting fingerprints, applicant live scan, or the ten-print (hard card) applicant fingerprint card. Applicants should review the following information carefully to determine the appropriate method.

1. Applicant Live Scan

Applicant Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

If you currently reside in or near the State of California, the DOJ requires that you use Live Scan to submit your fingerprints. Please use the enclosed ***Request For Live Scan Service Applicant Submission form***. (**Form BCII 8016**). Carefully follow the enclosed instructions for obtaining live scan fingerprints.

2. Ten-Print "Hard Card" Applicant Fingerprint Card

The Applicant Live Scan process is currently only available within the State of California. If you reside outside of the State of California, you must use the "hard card" fingerprint method. **Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer.**

If there are no fingerprint cards enclosed, please contact the Board office as soon as possible and request that the "hard card" fingerprint cards be mailed to you.

A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ.

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print | Clear Form

Applicant Submission

ORI: **A0134** (Code assigned by DOJ)

Type of Application: **License/Certification/Permit**

Job Title or Type of License, Certification or Permit: **(Check One)** ☐ **Vocational Nurse** ☐ **Psychiatric Technician**

Agency Address Set Contributing Agency:

Board of Vocational Nursing & Psychiatric Technicians
Agency authorized to receive criminal history information

01487
Mail Code (five-digit code assigned by DOJ)

2535 Capitol Oaks Drive Suite 205
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento City | **CA** State | **95833** Zip Code

(**916**) **263-7800**
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - **Applicant Must Pay**
Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:
OCA No. (Agency Identifying No.)

Level of Service: ✔ DOJ ✔ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Leave This Section Blank
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By:
Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

State of California

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Deprtment of Justice

Print | Clear Form

Applicant Submission

ORI: **A0134** (Code assigned by DOJ)

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Job Title or Type of License, Certification or Permit: **(Check One)** ☐ **Vocational Nurse** ☐ **Psychiatric Technician**

Agency Address Set Contributing Agency:

Board of Vocational Nursing & Psychiatric Technicians
Agency authorized to receive criminal history information

01487
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Contact Name (Mandatory for all school submissions)

Sacramento City | **CA** State | **95833** Zip Code

(**916**) **263-7800**
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - **Applicant Must Pay**
Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:
OCA No. (Agency Identifying No.)

Level of Service: ✔ DOJ ✔ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Leave This Section Blank
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

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Live Scan Transaction Completed By:
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ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print | Clear Form

Applicant Submission

ORI: **A0134** (Code assigned by DOJ)

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Job Title or Type of License, Certification or Permit: **(Check One)** ☐ **Vocational Nurse** ☐ **Psychiatric Technician**

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(**916**) **263-7800**
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Name of Applicant: (Please print) Last First MI

Alias: Last First

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Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - **Applicant Must Pay**
Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:
OCA No. (Agency Identifying No.)

Level of Service: ✔ DOJ ✔ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Leave This Section Blank
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ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency