Instructions: How to Submit an Application for Approval of a Board Program

The Board of Vocational Nursing and Psychiatric Technicians (Board) appreciates your interest in the commencement of a Board-approved program. Please review section 2526 of the Vocational Nursing Rules and Regulations or section 2581 of the Psychiatric Technicians Rules and Regulations for the Procedure for Approval related to your proposed program. Copies of these documents are on the Board’s website at [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov) using the following links:  About Us/Laws and Regulations

Be advised that a completed Application for Approval of a Board Program must be submitted to the Board via email at bvnpt@dca.ca.gov to begin the approval process. [Send only the one-page application form to start the process.]

A copy of the Application for Approval of a Board Program is found on the page two of this document.

When the completed program application is received by the Board, the proposed program will be placed on the Proposed Program Waiting List. The program will be assigned to a Nursing Education Consultant (NEC) for review when a consultant is available. Current wait time for NEC assignment may be up to two years.

Please contact the Education Division at 916-263-7843 if further information is needed.
APPLICATION FOR APPROVAL OF A BOARD PROGRAM

☐ Vocational Nursing ☐ Psychiatric Technician

☐ Full Time ☐ Part Time

☐ Community College ☐ Adult School ☐ R.O.P. ☐ Private ☐ Hospital-Based

School Name: ____________________________________________________________

Address: _______________________________________________________________________

Administrator: ________________________________________________________________

Administrator’s Office Address: ________________________________________________

Phone #: ______________________________ (Extension) _________________________

Proposed Program Director: _________________________________________________

Director’s Office Address: ______________________________________________________

E-mail Address: _______________________________________________________________________

Phone #: ______________________________ (Extension) _________________________

Person responsible for developing program proposal if not the proposed director named above:

Name: _______________________________________________________________________

Title: _______________________________________________________________________

Phone #: _______________________________________________________________________

Signature of Administrator: _______________________________________________________

Date: _______________________________________________________________________

55M-15 (Rev. 07/12)