

Agenda Item #25.



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 Web www.bvnpt.ca.gov



DATE January 25, 2015

TO Board Members

FROM 
Rocio Llamas, Manager
Enforcement Division

SUBJECT Proposed Petition for Reinstatement of License Application Form

Purpose:

Attached for review and possible action is the revised Petition for Reinstatement of License Application Form. On November 21, 2015, the Board approved the revised application form with the following changes:

1. Remove the question regarding Translator, Sign Language Interpreter or Special Accommodation.
2. Remove "Pursuant to B&P 2878(e) and 4524(e)" from question #8, reword (using same verbiage as in question #6), and add "Please provide a detailed explanation."
3. Add "hyperlinks" to B&P sections for easy reference.
4. Make the form available on the Board's website as a fill, save, and print document.

Recommendation:

Adopt the proposed Petition for Reinstatement of License Application Form.



PROPOSED

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PETITION FOR REINSTATEMENT OF LICENSE

(PLEASE TYPE OR PRINT ALL ANSWERS)

NOTE: Pursuant to Government Code section 11522, the Board shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present oral and written argument before the agency itself.

1. Name: _____ License Number: _____

Address: _____
(street address)

(city, state, and zip code)

Telephone No.:(_____) _____ Email Address: _____

Date License Was Originally Issued: _____

Date License Was Revoked or Surrendered: _____

Have You Ever Been Licensed Under Any Other Names(s)? Yes No

Please list:

2. Will You Be Represented By An Attorney? Yes No

Name of Attorney: _____ Telephone No: (_____) _____

Address: _____
(street address)

(city, state, and zip code)

3. Please provide a detailed explanation of the reason why your license was revoked or surrendered:

4. Since the date of your revocation or surrender, have you been convicted of, pled guilty to, or pled nolo contendere to ANY offense in the United States or a foreign country? Yes No

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, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

If yes, please provide the violation(s) below.

Date: _____ Violation: _____ Date: _____ Violation: _____

Date: _____ Violation: _____ Date: _____ Violation: _____

5. CRIMINAL CONVICTION: (Complete this section if applicable)

Name of probation/parole officer: _____

Telephone number of probation/parole officer: (____) _____

Date criminal probation was completed or will be completed: _____

Are you in compliance with the terms and conditions of your criminal probation? Yes No

Please attach Proof of Completion of Probation, Parole or status of compliance.

Please provide a detailed explanation, if you are out of compliance with the terms of your criminal probation:

Pursuant to Business and Profession Code Sections 2878.7(e) (VN) and 4524(e) (PT), no petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

6. Since the date of your revocation or surrender, are you subject to an order of registration pursuant to Section 290 of the Penal Code? Yes No

ADDITIONAL LICENSURE:

7. Do you possess a license and/or certificate to practice nursing or other healthcare related duties in the State of California or any other state? Yes No

If yes, please list the state(s) where you are licensed, the license number and the current status of the license.

Name of State	License Number	Type of License	Date of Expiration	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Are there any disciplinary actions pending against the above licenses?
Yes No

Please provide a detailed explanation of the disciplinary actions pending against the above licenses:

EMPLOYMENT STATUS/HISTORY:

9. List **all employers** for the past seven (7) years. Use additional paper if necessary. Provide recent work performance evaluations and/or a letters of recommendation from each of the employers listed below. Provide letters of reference or other documentation addressing your responsibilities, job performance, attendance, attitude, appearance, communication skills, interpersonal skills, etc.

Current Employer:

Employer: _____ Address: _____
(street, city, state, and zip code)

Telephone Number: (_____) _____ Supervisor's Name: _____

Dates of Employment: _____ to _____ Your Job Title: _____

Responsibilities:

Reason for Leaving:

#2

Employer: _____ Address: _____
(street, city, state, and zip code)

Telephone Number: (____) _____ Supervisor's Name: _____

Dates of Employment: _____ to _____ Your Job Title: _____

Responsibilities:

Reason for Leaving:

#3

Employer: _____ Address: _____
(street, city, state, and zip code)

Telephone Number: (____) _____ Supervisor's Name: _____

Dates of Employment: _____ to _____ Your Job Title: _____

Responsibilities:

Reason for Leaving:

EDUCATION:

10. Have you completed or are you currently taking any continuing education courses related to nursing or other healthcare issues? Yes No

List the coursework below and attach proof of completion or attendance/transcripts:

Coursework Assigned	Name of Provider	Hours/Units	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Have you read any books or articles pertaining to your area of professional practice since the date of your revocation or surrender? Yes No

If yes, please list the name of the book or periodical in which the article appeared and the name of the Author.

Name of Book/Periodical	Author	Title of Article
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. If the Board grants your Petition to reinstate your license, please describe your plans for continuing education:

REHABILITATION PROGRAM: (Complete this section if applicable)

13. Are you currently attending a rehabilitation program (CHECK ONE)? Alcohol Drug No

If no, have you completed an alcohol/drug rehabilitation program? Yes No

If yes, please provide the following information:

Date entered program: _____ Date completed program: _____

Name of program: _____ Name of counselor: _____

Address: _____
(street name)

_____ (city, state, and zip code)

Telephone Number: (_____) _____

Check the type of rehabilitation program: Residential In-patient Out-patient

Please attach Proof of Completion of program if applicable, and a description of the services provided.

CHEMICAL DEPENDENCY SUPPORT GROUP: (Complete this section if applicable)

Please attach a letter from your Sponsor and/or others who can testify to your attendance, participation and rehabilitation efforts.

14. Do you currently attend **and** participate in a chemical dependency program, (i.e. Alcoholics Anonymous, Narcotics Anonymous, or a Nurse Support Group):

Yes, currently attending No, attended in the past but no longer No, never attended

State group name (as applicable): _____

If no, please explain why you no longer attend or why you have never attended:

How many meetings per week do (or did) you attend _____

Do you have a sponsor currently? Yes No

What is your sobriety date: _____

Have you abstained from the use of alcohol and/or drugs since your date of sobriety? Yes No

If no, when was the last time you used drugs or alcohol and what were the circumstances?:

THERAPY: (Complete this section if applicable)

15. Are you currently receiving counseling or treatment by a psychologist, psychiatrist, or therapist?

Yes, currently receiving counseling/treatment No, in the past but no longer No, never

If yes, please provide a letter from your Psychiatrist, Psychologist or Therapist and/or Group Facilitator regarding your attendance, participation and progress.

Please provide your Psychiatrist, Psychologist or Therapist and/or Group Facilitator's information:

Name of Doctor/Therapist: _____ Title: _____

Address: _____
(street)

(city, state, and zip code)

Telephone Number: (_____) _____

If no, please explain why you no longer attend or why you have never attended:

On average, how often do you attend _____ weekly _____ monthly Not Applicable

Do you currently attend and participate in group therapy?

Yes, currently attending No, in the past but no longer No, never

Name of the group: _____

How often do you attend the group meetings _____ weekly _____ monthly Not Applicable

How has your participation in individual and/or group counseling benefited you?

FITNESS TO PRACTICE IN YOUR LICENSED CAPACITY:

16. Are you currently under the care of a psychiatrist, physician, dentist, or other healthcare professional for a condition that could impact your skills or abilities as a licensed vocational nurse or psychiatric technician? Yes No

If yes, what is the reason for your treatment:

17. Do you have any physical and/or mental conditions that would preclude you from performing all duties of a licensed vocational nurse or psychiatric technician? Yes No

If yes, please provide a detailed explanation:

18. **ADDITIONAL INFORMATION:** List ANY activities which you have used to prevent a reoccurrence of the violation(s) that led to the revocation or surrender of your license. (Examples: areas of personal growth, continued education not related to your license, exercise programs, voluntary associations, etc.) **Please attach any documentation to support your response.**

19. **HAVE YOU PREVIOUSLY PETITIONED THE BOARD FOR REINSTATEMENT OF YOUR LICENSE?:**
Yes No

If yes, please provide the attendance dates of the Board Hearings.

20. WHY ARE YOU PETITIONING THE BOARD FOR REINSTATEMENT OF YOUR LICENSE?:

21. WHY SHOULD THE BOARD GRANT YOUR PETITION FOR REINSTATEMENT?:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Your Signature

Date

