



Address Change Request Form

Address Changes are required to be reported to the board within 30 days.
 Please mail or fax this form to the board to change your address.

(Print or Type)

Vocational Nurse <input type="checkbox"/> Applicant <input type="checkbox"/> Licensed		Psychiatric Technician <input type="checkbox"/> Applicant <input type="checkbox"/> Licensed	
Name (Last) (First) (Middle)			Social Security No.
Old Address (Street or Box Number)			Apt. No.
City		State	Zip Code
New Address (Street or Box Number)			Apt. No.
City		State	Zip Code
File or License Number (If Applicable)	Birthdate Month/Day/Year	Telephone Business () Home ()	
Signature (Required)			Date (Required)
Signature			Date

Additional Concerns or Comment: _____



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.