STATE OF CALIFORNIA
dca
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

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:
1. Complete and sign the application for renewal of license.
2. Determine the appropriate renewal fee due based on the expiration date on your license from the accrued renewal fee schedule at **www.bvnpt.ca.gov/accrue2.htm**.
3. Attach a check or money order made payable to the BVNPT. This is a nonrefundable fee. DO NOT SEND CASH.
4. 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* *NOT required but may assist in identifying records*	6. TELEPHONE NUMBER Business ( )_____ Home ( )_____

7. LICENSE NUMBER: _____   LICENSE EXPIRATION DATE: _____

8. IS THIS A NAME CHANGE?   ☐YES ☐NO   IS THIS AN ADDRESS CHANGE?   ☐YES ☐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:

☐Active (Complete the continuing education information below in Section 10)   ☐Inactive (Fee required is the same as fee for an active license)

10. CONTINUING EDUCATION (CE) REQUIREMENT – CHECK ONE OF THE FOLLOWING:
□ This is my first renewal. CE is not required on the first renewal.
□ I have **not** completed the **30** hours of CE. Renew my license with an "inactive" status.
□ 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.

☐YES   ☐NO   *If "YES", please attach explanation.*

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.

☐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.

☐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.

☐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.

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

SIGNATURE:_____   DATE:_____