

**THE BOARD OF VOCATIONAL NURSING  
AND PSYCHIATRIC TECHNICIANS**

**AVAILABILITY OF MODIFIED TEXT**

**NOTICE IS HEREBY GIVEN** that the Board of Vocational Nursing and Psychiatric Technicians (Board) has proposed modifications to the text of Vocational Nursing regulations, Sections 2557, 2557.1, 2557.2 and 2557.3, and Psychiatric Technicians regulations, Sections 2595, 2595.1, 2595.2 and 2595.3, of Division 25, Title 16, of the California Code of Regulations which were the subject of a regulatory hearing on August 10, 2011. A copy of the modified text and the forms incorporated by reference in the modified text are enclosed. Any person who wishes to comment on the proposed modifications may do so by submitting written comments postmarked beginning April 5, 2012 and ending April 20, 2012, to the person indicated in this Notice.

***Please note:** Please focus any comments on the modifications shown in the enclosed language. Other comments may be provided; however, the Board need not and may not respond to comments about previously noticed aspects of the proposed regulations.*

Address written comments to:

Mark Ito, Licensing Program Analyst  
Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833  
(916) 263-7864

All written comments received (or postmarked) by April 20, 2012, which pertain to the modified text will be reviewed and responded to by Board staff as part of the compilation of the rulemaking file.

Dated: April 5, 2012

*Mark M. Ito*

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Mark Ito  
Licensing Program Analyst  
Board of Vocational Nursing and  
Psychiatric Technicians

# Board of Vocational Nursing and Psychiatric Technicians Modifications of Proposed Regulatory Language

Changes to the originally proposed language are shown by double underline for new text and underline with strikeout for deleted text.

## *Vocational Nursing Regulations*

Add new Article 11 to Division 25 of Title 16 of the California Code of Regulations to read as follows:

### Article 11. Sponsored Health Care Events – Requirements for Exemption

Add section 2557 to Article 11 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

#### **§2557. Definitions.**

For the purposes of Section section 901 of the Code:

(a) “Community-based organization” means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) “Out-of-state practitioner” means a person who is not licensed in California as a vocational nurse but who holds a current valid and active license or certificate in good standing in another state, district, or territory of the United States to practice.

NOTE: Authority cited: Sections sections 901 and 2854, Business and Professions Code. Reference: Section section 901, Business and Professions Code.

Add section 2557.1 to Article 11 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

#### **§2557.1. Sponsoring Entity Registration and Recordkeeping Requirements**

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under Section section 901 of the Code shall register with the Board not later than ninety (90) calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsored entity shall register with the Board by submitting to the Board a completed Sponsoring Entity Application for Registration For Free Health Care Event, Form 901-A (3/23/12) (5/5/11), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The Board may, by resolution, delegate to its Executive Officer or the Department of Consumer Affairs or its Executive Officer the authority to receive and process Form 901-A (3/23/12) (5/5/11) on behalf of the Board. The Board or its delegatee shall inform the sponsoring entity within fifteen (15) calendar days of receipt of Form 901-A (3/23/12) (5/5/11), in writing, that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The Board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least thirty (30) days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain, at a physical location in California, a copy of all records required by Section section 901 of the Code as well as a copy of the authorization for participation issued by the Board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five (5) years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. In addition, the sponsoring entity shall keep a copy of all records required by Section section 901(g) of the Code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the Board.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsored entity has received written approval of such practitioner from the Board.

(e) Report. Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the Board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

(3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this Article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority: Sections sections 901, 2841.1, and 2854, Business and Professions Code. Reference: Section sections 901, Business and Professions Code.

Add section 2557.2 to Article 11 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

**§2557.2. Out-of-State Practitioner Authorization to Participate in Sponsored Event.**

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the Board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the Board to provide those services. An applicant shall request authorization by submitting to the Board a completed Request For Authorization To Practice Without A California License, Form 901-B (3/23/12) (5/5/11), which is hereby incorporated by reference, accompanied by a non-refundable, and non-transferrable processing fee of fifty dollars (\$50). The applicant shall also furnish either a full set of fingerprints or submit to a Live Scan process to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. The fingerprint This requirement shall apply only to the first application for authorization that is submitted by the applicant if no more than four years have passed since the last Request for Authorization, Form 901-B (3/23/12) (5/5/11) was received by the Board.

(b) Response to Request for Authorization to Participate. Within twenty (20) calendar days of receiving a completed request for authorization, the Board shall notify the sponsoring entity or local government entity administering the sponsored event, whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The Board shall deny a request for authorization to participate if:

(A) The submitted Form 901-B (3/23/12) (5/5/11) is incomplete and the applicant has not responded within seven (7) calendar days to the Board's request for additional information.

(B) The applicant has not met all of the following educational and experience requirements:

1. (i) Completion of a course of instruction in vocational or practical nursing in a school accredited by the Board or another United States province, provided that the course completed is substantially equivalent to that prescribed by Section section 2533 of this chapter.

2. (ii) Taken the National League for Nursing State Board Test Pool Examination for Practical Nurses or the National Council

Licensing Examination for Practical Nurses, and passed said examination with a score equal to or above the minimum passing score required by the Board for said examination.

(C) The applicant has failed to comply with a requirement of this Article or has committed any act that would constitute grounds for denial of an application for licensure by the Board.

(D) The applicant does not possess a current valid license in good standing. The term "good standing" means the applicant:

1. (i) Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency.

2. (ii) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license.

3. (iii) Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the Board determines constitutes evidence of a pattern of negligence or incompetence.

(E) The Board has not received a criminal history report for the applicant from the California Department of Justice.

(2) The Board may deny a request for authorization to participate if any of the following occurs:

(A) The request is received less than twenty (20) calendar days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the Board to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the Board.

(D) The applicant has participated in three (3) or more sponsored events during the twelve (12) month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 2557.3 (d).

NOTE: Authority: Sections sections 144, 901, 2841.1, and 2854, Business and Professions Code. Reference: Sections sections 901 and 2859, Business and Professions Code.

Add section 2557.3 to Article 11 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

**§2557.3. Termination of Authorization and Appeal.**

(a) Grounds for Termination. The Board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this Article, or any applicable practice requirement or regulation of the Board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the Board.

(3) The Board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The Board shall provide both the sponsoring entity or the a local government entity administering the sponsored event, and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the Board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the Board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the Board's decision to terminate an authorization in the manner provided by Section section 901(j)(2) of the Code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the Executive Officer regarding the reasons for the termination of authorization to participate. The Executive Officer shall, within thirty (30) days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the Executive Officer may affirm or dismiss the termination of authorization to participate. The Executive Officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten (10) days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority: Sections sections 901, 2841.1, and 2854, Business and Professions Code. Reference: Section sections 901, Business and Professions Code.

## ***Psychiatric Technician Regulations***

Add new Article 10 to Division 25 of Title 16 of the California Code of Regulations to read as follows:

### **Article 10. Sponsored Health Care Events – Requirements for Exemption**

Add section 2595 to Article 10 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

#### **§2595. Definitions.**

For the purposes of Section section 901 of the Code:

(a) “Community-based organization” means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) “Out-of-state practitioner” means a person who is not licensed in California to provide psychiatric technician services but who holds a current valid and active license or certificate in good standing in another state, district, or territory of the United States to provide psychiatric technician services.

NOTE: Authority cited: Sections sections 901 and 4504, Business and Professions Code. Reference: Section section 901, Business and Professions Code.

Add section 2595.1 to Article 10 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

#### **§2595.1. Sponsoring Entity Registration and Recordkeeping Requirements**

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under Section section 901 of the Code shall register with the Board not later than ninety (90) calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsored entity shall register with the Board by submitting to the Board a completed Sponsoring Entity Application for Registration For Free Health Care Event, Form 901-A (3/23/12) (5/5/11), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The Board may, by resolution, delegate to its Executive Officer or the Department of Consumer Affairs or its Executive Officer the authority to receive and process Form 901-A (3/23/12) (5/5/11) on behalf of the Board. The Board or its delegatee shall inform the sponsoring entity within fifteen

(15) calendar days of receipt of Form 901-A (3/23/12) (5/5/14), in writing, that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The Board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least thirty (30) days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain, at a physical location in California, a copy of all records required by Section section 901 of the Code as well as a copy of the authorization for participation issued by the Board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five (5) years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. In addition, the sponsoring entity shall keep a copy of all records required by Section section 901(g) of the Code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the Board.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsored entity has received written approval of such practitioner from the Board.

(e) Report. Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the Board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this Article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority: Sections sections 901, 4501.1, and 4504, Business and Professions Code. Reference: Section sections 901, Business and Professions Code; and section 11105.

Add section 2595.2 to Article 10 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

**§2595.2. Out-of-State Practitioner Authorization to Participate in Sponsored Event.**

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the Board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the Board to provide those services. An applicant shall request authorization by submitting to the Board a completed Request For Authorization To Practice Without A California License, Form 901-B (3/23/12) (5/5/11), which is hereby incorporated by reference, accompanied by a non-refundable, and non-transferrable processing fee of fifty dollars (\$50). The applicant shall also furnish either a full set of fingerprints or submit to a Live Scan process to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. The fingerprint This requirement shall apply only to the first application for authorization that is submitted by the applicant if no more than four years have passed since the last Request for Authorization, Form 901-B (3/23/12) (5/5/11) was received by the Board.

(b) Response to Request for Authorization to Participate. Within twenty (20) calendar days of receiving a completed request for authorization, the Board shall notify the sponsoring entity or local government entity administering the sponsored event, whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The Board shall deny a request for authorization to participate if:

(A) The submitted Form 901-B (3/23/12) (5/5/11) is incomplete and the applicant has not responded within seven (7) calendar days to the Board's request for additional information.

(B) The applicant has not met all of the following educational and experience requirements:

1. (i) Completion of a course of instruction and training in a school accredited by the Board or another United States province, provided that the course completed is substantially equivalent to that prescribed by Section 2587 of this chapter.

2. (ii) Taken and passed an examination that is substantially equivalent to the Board's Psychiatric Technician licensure examination as prescribed by ~~Section~~ section 2570 of this chapter.

(C) The applicant has failed to comply with a requirement of this Article or has committed any act that would constitute grounds for denial of an application for licensure by the Board.

(D) The applicant does not possess a current valid license in good standing. The term "good standing" means the applicant:

1. (i) Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency.

2. (ii) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license.

3. (iii) Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the Board determines constitutes evidence of a pattern of negligence or incompetence.

(E) The Board has not received a criminal history report for the applicant from the California Department of Justice.

(2) The Board may deny a request for authorization to participate if any of following occurs:

(A) The request is received less than twenty (20) calendar days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the Board to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the Board.

(D) The applicant has participated in three or more sponsored events during the twelve (12) month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 2595.3 (d).

NOTE: Authority: Sections sections 144, 901, 4501.1, and 4504, Business and Professions Code. Reference: Sections sections 901 and 4502.3, Business and Professions Code.

Add section 2595.3 to Article 10 of Division 25 of Title 16 of the California Code of Regulations to read as follows:

**§2595.3. Termination of Authorization and Appeal.**

(a) Grounds for Termination. The Board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this Article, or any applicable practice requirement or regulation of the Board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the Board.

(3) The Board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The Board shall provide both the sponsoring entity or the local government entity administering the sponsored event, and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the Board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the Board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the Board's decision to terminate an authorization in the manner provided by Section section 901(j)(2) of the Code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the Executive Officer regarding the reasons for the termination of authorization to participate. The Executive Officer shall, within thirty (30) days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the Executive Officer may affirm or dismiss the termination of authorization to participate. The Executive Officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten (10) days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority: Sections sections 901, 4501.1, and 4504, Business and Professions Code. Reference: Section sections 901, Business and Professions Code.



**Changes to the originally proposed form are shown by double underline for new text and underline with strikeout for deleted text.**

**APPLICATION FOR REGISTRATION  
SPONSORING ENTITY  
FOR FREE HEALTH CARE EVENT**

In accordance with California Business and Professions (B&P) Code Section section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least ninety (90) calendar days prior to the sponsored event.** *Note that the information required by B&P Code Section section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

**This Only one registration form per event shall be completed and submitted to the Board of Vocational Nursing and Psychiatric Technicians Department of Consumer Affairs (DCA) (address and contact information on last page). The DCA will forward a copy of the completed registration form to each of the licensing authorities indicated on this form. Please be aware that this form is in addition to any forms that may be required by the Department of Consumer Affairs or any other Board or Bureau.**

**PART A – ORGANIZATIONAL INFORMATION**

1. Organization Name: \_\_\_\_\_
2. Organization Contact Information (*use principal office address*):

_____ Address Line 1	_____ Phone Number of Principal Office
_____ Address Line 2	_____ Alternate Phone Number
_____ City, State, Zip	_____ Fax Number
_____ County	_____ Website

**Organization Contact Information in California (*if different*):**

_____ Address Line 1	_____ Phone Number
_____ Address Line 2	_____ Alternate Phone Number
_____ City, State, Zip	_____ Fax Number
_____ County	

3. Type of Organization:

- a. Organization's Tax Identification Number\*: \_\_\_\_\_  
(\*B&P Code Section 30 and Public Law 94-455 [(42-USCA(c)(2)(c)] authorizes collection of your FEIN. Applications for Registration will not be processed until a valid U.S. identification number is received.)
- b. Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. If not, is the organization a community-based organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Note: A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.)
- d. If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B – RESPONSIBLE ORGANIZATION OFFICIALS**

Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone Number
_____ Address Line 2	_____ Alternate Phone Number
_____ City, State, Zip	_____ Fax Number
_____ County	_____ E-mail Address

Individual 2:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone Number
_____ Address Line 2	_____ Alternate Phone Number
_____ City, State, Zip	_____ Fax Number
_____ County	_____ E-mail Address

Individual 3:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

*(Attach additional sheets if needed to list additional principal organizational individuals)*

**PART C – EVENT DETAILS**

1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event not to exceed ten (10) calendar days: \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the intended event, including a list of all types of healthcare services intended to be provided *(attach additional sheet(s) if necessary)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

\_\_\_ Check here to indicate that the list is attached.

6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:

- \_\_\_ Acupuncture Board
- \_\_\_ Board of Behavioral Sciences
- \_\_\_ Board of Chiropractic Examiners
- \_\_\_ Dental Board
- \_\_\_ Dental Hygiene Committee
- \_\_\_ Medical Board
- \_\_\_ Naturopathic Medicine Committee

- \_\_\_ Physical Therapy Board
- \_\_\_ Board of Podiatric Medicine
- \_\_\_ Board of Psychology
- \_\_\_ Board of Registered Nursing
- \_\_\_ Respiratory Care Board
- \_\_\_ Speech-Language Pathology
- \_\_\_ Audiology & Hearing Aid Dispensers Board

Board of Occupational Therapy  
Board of Optometry  
Osteopathic Medical Board  
Board of Pharmacy  
Physician Assistant Committee

Veterinary Medical Board  
Board of Vocational Nursing &  
Psychiatric Technicians  
Other:

7. Please remember that:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) **to the applicable licensing board/committee.**
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

**PART D – CERTIFICATION STATEMENTS**

I understand the recordkeeping requirements imposed by California B&P Code Section section 901 and the applicable sections of Title 16, California Code of Regulations for the agencies listed above require our organization to maintain records, in either electronic or paper form, at the sponsored event and for five (5) years after the sponsored event occurred.

I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART E – MAILING INSTRUCTIONS**

This form and any attachments shall be submitted to:

Board of Vocational Nursing and Psychiatric Technicians Department of Consumer Affairs  
Attn: Division of Legislative & Policy Review  
2535 Capitol Oaks Drive, Suite 205 1625 North Market Boulevard, Suite S-204  
Sacramento, CA 95833 95834

Questions regarding the completion of this form should be directed to:

Department of Consumer Affairs  
Attn: Division of Legislative & Policy Review  
(916) 574-7800  
lprdivision@dca.ca.gov

or

Board of Vocational Nursing and & Psychiatric Technicians  
Attn: Licensing Program Division Analyst  
(916) 263-7800  
bvnpt@dca.ca.gov

(3/23/12) (5/5/2011)



3. Applicant's Contact Information:

Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_  
 Alternate Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

4. Applicant's Employer: \_\_\_\_\_

Employer's Contact Information:

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Title \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 E-mail Address (if available) \_\_\_\_\_

5. Specify the name and location of the LVN/LPN or PT school from which you graduated.

Name \_\_\_\_\_

Location \_\_\_\_\_

6. Did you pass a LVN/LPN or PT licensure examination?  Yes  No

Name of Examination \_\_\_\_\_

Date of Examination \_\_\_\_\_

**PART B – LICENSURE INFORMATION**

1. Do you hold a current valid and active license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of LVN/LPN services or providing PT services in your jurisdiction(s)?  Yes  No

A. If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

B. If yes, list every license, certificate, and registration authorizing you to engage in the practice of LVN/LPN or providing PT services in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. **Please also attach a copy of each of your current licenses, certificates, and registrations.**

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Have you ever had your LVN/LPN or PT license or certification to practice revoked or suspended?  Yes  No
3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?  Yes  No
4. If you answered "Yes" to question 2 and/or 3, please explain (*attach additional page(s) if necessary*):
- \_\_\_\_\_
- \_\_\_\_\_

**PART C – SPONSORED EVENT**

1. Name and address of local government entity or non-profit or community-based organization (the "sponsoring entity") hosting the free healthcare event: \_\_\_\_\_
- \_\_\_\_\_
2. Name of event: \_\_\_\_\_
3. Date(s) & location(s) of the event: \_\_\_\_\_
- \_\_\_\_\_
4. Date(s) & location(s) applicant will be performing healthcare services (if different):
- \_\_\_\_\_
- \_\_\_\_\_
5. Please specify the healthcare services you intend to provide: \_\_\_\_\_
- \_\_\_\_\_
6. Name and phone number of contact person with sponsoring entity or local government entity: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PART D – ACKNOWLEDGMENT & CERTIFICATION**

I, the undersigned, acknowledge and declare under penalty of perjury under the laws of the State of California that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the Board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice LVN/LPN or provide PT services.
- I will comply with all applicable practice requirements required of LVNs/LPNs or licensed PTs and all regulations of the Board.
- In accordance with B&P Code Section section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California LVNs/LPNs or PTs.

- I will provide the services authorized by this request and B&P Code Section section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and B&P Code Section section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein **for a period not to exceed ten (10) calendar days**.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- I understand that practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- I understand that the Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
License No.

<b>GENERAL APPLICATION INSTRUCTIONS &amp; MAILING REQUIREMENTS</b>
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This "Request for Authorization" must be completed in full and must be accompanied by all of the following:

- **Fee** – Attach a check for fifty dollars (\$50) made payable to the "BVNPT." This is a non-refundable fee that covers the processing of your request.
- **Photo Identification** – A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- **Copy of License(s)** – A copy of the applicant's current LVN/LPN or PT license from all applicable states/jurisdictions of the U.S.
- **Verification of Licensure** – The Board requires a Verification of Licensure from the State Licensing Authority through which the applicant was originally licensed. If the applicant's original license has expired, the applicant must also submit a Verification of Licensure from the state in which he/she holds a current license.

- **Fingerprints** – The Board requires a California DOJ and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. Therefore, each applicant must follow the enclosed instructions on the fingerprint process. The applicant will be required to either: (1) Submit two (2) fingerprint cards and a fee of fifty-one dollars (\$51) made payable to the “BVNPT”; or (2) Complete and submit a “Request for Live Scan Service” at an approved Live Scan site. The applicant will be required to pay the applicable Live Scan service fee and a rolling fee directly to the Live Scan Service Provider. The request for authorization cannot be granted until the Board receives a clearance report from the DOJ. (Note: Upon receipt of both a DOJ and FBI clearance report, the applicant need not submit his/her fingerprint records again for four (4) years from the last requests for authorization.)
  
- **Mailing Address** – Please mail the request, fees, and all applicable documents to:

**BVNPT  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833**

\***Social Security Number** – B&P Code Section 30 and Public Law 94-455 [(42 USCA 405 (c)(2)(c)] authorizes collection of your social security number. Applications for licensure will not be processed until a valid U.S. Social Security Number is received.

**Privacy Act** – The Department of Consumer Affairs collects the personal information requested on this form as authorized by B&P Code Section section 30 (General Provisions); B&P Code Section 901; B&P Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technician Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians).

### Board of Vocational Nursing and Psychiatric Technicians

Data Supporting Fee for Request For Authorization To Practice Without A California License, Form 901-A (3/23/12) at  
a Sponsored Health Care Event

Processing Procedures (Tasks)	Units per FY	Minutes per Unit	Minutes (SSA* PY)	Minutes (OT** PY)
Receive Request for Authorization Application (create file and data entry)	500	10		5,000
Cashier fee and refer to the Evaluation	500	15		7,500
Evaluate Request for Authorization Application	500	30	15,000	
Verification of licensure using several data bases (National Practitioner Data Bank, Health Integrity and Protection Data Bank, National Council of State Boards of Nursing "Nursys" Data Bank, etc.)	500	10		5,000
Process fingerprint reports	500	10		5,000
Prepare deficiency letters requesting additional information	250	10		2,500
Prepare letter authorizing participation or denying participation	500	10		5,000
Obtain approval from Management to issue letter	500	10		5,000
Issue authorization/denial letter to out-of-state practitioner	500	10		5,000
Monitor applications and perform other support duties	500	15		7,500
Respond to inquiries (telephone and written)	500	10		5,000
Total Projected Minutes by Classification			15,000	52,500
Total Projected Hours by Classification			250	875
Total Projected OT Costs @ \$20 per hour				\$17,500
Total Projected SSA Costs @ \$30 per hour			\$7,500	
Projected Costs Per Request for Authorization By Classification			\$15	\$35
<b>Total Projected Costs Per Application</b>				<b>\$50.00</b>

\*SSA = Staff Services Analyst

\*\*OT = Office Technician