

## **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



## VOCATIONAL NURSE INTERIM PERMIT INFORMATION PLEASE READ CAREFULLY

Pursuant to Business and Professions (B&P) Code, Section 2872.2, the Board of Vocational Nursing and Psychiatric Technicians (Board) is authorized to issue interim permits to vocational nurse graduates of Board approved nursing programs provided that the application for licensure by examination is received by the Board no later than four (4) months after completion of a Board approved nursing program and approval of the application.

The interim permit authorizes the applicant to practice vocational nursing pending the results of the first licensing examination or for a maximum of nine (9) months, whichever occurs first. If the applicant passes the examination, the interim permit will remain in effect until an initial license is issued by the Board, or for a maximum period of six (6) months after passing the examination, whichever occurs first. If the applicant fails the examination, the interim permit will terminate upon notice by certified mail, return receipt requested, or if the applicant fails to receive the notice, upon the date specified on the interim permit, whichever occurs first.

Please note the following practice limitations for interim permittees:

"A permittee shall function under the supervision of a licensed vocational nurse or a registered nurse who shall be present and available on the premises during the time the permittee is rendering professional services. The supervising licensed vocational nurse or registered nurse may delegate to the permittee any function taught in the permittee's basic nursing program.

An interim permittee shall not use any title designation other than Vocational Nurse Interim Permittee or VNIP."

Pursuant to Section 144 of the Business & Professions Code, effective January 1, 1998, the Board requires applicants to furnish a full set of fingerprints for purposes of conducting criminal history record checks. The Board <u>withholds licensure</u> pending receipt of the criminal history information from the Department of Justice (DOJ). **THIS INCLUDES INTERIM PERMITS**.

Please be advised of the following additional criteria for obtaining an interim permit:

- The Board cannot issue an interim permit until the criminal history report is received from DOJ.
- An interim permit cannot be issued until the criminal history record and the Record of Conviction have been reviewed by the Board.

If you meet the above criteria and would like to apply for an interim permit, you may submit an application for interim permit at the same time as you submit your application for licensure. The fee for submitting an application for interim permit is \$40.00. Please be aware that the interim permit fee is non-refundable. You can download the application for interim permit from the Board's website at <a href="https://www.bvnpt.ca.gov/general\_information/forms\_publications.shtml">www.bvnpt.ca.gov/general\_information/forms\_publications.shtml</a>.

Please feel free to contact the Board if you have any questions regarding this matter.



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## (Attach \$40 Non-Refundable Fee)

DO NOT WRITE IN THIS SPACE
CASH NO.
APP NO.
PERMIT NO.

DATE APPROVED

YOU MAY REQUEST A NON-RENEWABLE INTERIM PERMIT BY COMPLETION OF THIS APPLICATION AND SUBMISSION OF A \$40.00 FEE (NON-REFUNDABLE) PAYABLE TO THE BVNPT BY CHECK OR MONEY ORDER. THIS INFORMATION IS REQUIRED UNDER DIV.2, CH. 6.5, ART 1-2 OF THE BUSINESS AND PROFESSIONS CODE. ALL ITEMS ARE MANDATORY. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE. THE EXECUTIVE OFFICER OF THE BOARD IS RESPONSIBLE FOR INFORMATION MAINTENANCE.

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*	6. TELEPHONE NUMBER Business ( ) Home ( ) Area Code	
7. NAME OF VOCATIONAL NURSING SCHOOL			
CITY	STATE		
DATE PROGRAM STARTED	DATE PROGRAM COMPLETED		
nine (9) months, whichever occurs first. If you PAS maximum period of six (6) months, whichever occurs  A permittee shall function under the supervision of a	n 2872.2, an interim permit may be issued pending the re S the examination, the interim permit shall remain in effe s first. If you FAIL the exam, the interim permit will be tern a Licensed Vocational Nurse or Registered Nurse, who sl s. An interim permitee shall use the title Vocational Nurse	ect until an initial license is issued by the Board or for a ninated upon notice by the Board.  hall be present and available on the premises during the	
	RE SIGNING. – False statements included in this a		
SIGNATURE:	D	ATE:	
	E STATEMENT – atory. Section 30 of the Business and Professions Code cial Security Number will be used exclusively for tax enfo		

any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security Number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.