

Student Service Request Form

Please complete the following information, ensuring that it is complete and legible

Student Information

Student Name: _____ Term: _____
 Social Security #: _____ Date of Birth: _____
 Address: _____
 Phone #'s & Email: _____

Tutoring Availability: (Circle all that apply) | **Mon** AM/PM | **Tues** AM/PM | **Weds** AM/PM | **Thurs** AM/PM | **Fri** AM/PM |
 Subject/Content: _____

Type of Service Requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Tutoring (Non-Grad /Challenger) | <input type="checkbox"/> Review & Refresh Course Assistance & Admission | <input type="checkbox"/> Placement assistance
<input type="checkbox"/> Non-Grad
<input type="checkbox"/> Active student |
| <input type="checkbox"/> Method 3 Challenge Application Assistance | <input type="checkbox"/> Post Licensure Diploma program assistance and admission | <input type="checkbox"/> Other: |

The student's financial accounts must be current prior to the college furnishing any Service Assistance. Please note that Angeles Institute offers assistance with the listed services in an effort to offer the best student outcomes and quality customer service but is not mandated to provide any such services. Therefore, some types of assistance will only be completed at the discretion of the Administrator(s) &/or Instructor(s) you are requesting the services from (e.g., placement assistance will be subject to availability).

- *Please indicate your availability and desired content to review for tutoring session requests.
- *Please complete the Placement and Resume questionnaire (or submit your resume via email to studentaffairs@angelesinstitute.edu) in time for your appointment for all Placement assistance requests.
- *Please complete all employer verifications for additional clinical hours prior to your appointment for all Method 3 Challenge application assistance requests. Only applicable to those with less than 1034 clinical hours.

 Student Signature Date

Badge #:
Class Start:

Office Use Only

- FA Cleared _____
- Completed _____
- Money Received: YES _____ NO _____ Amount \$ _____
- Unable to Complete, See Comments

Comments:

Angeles Institute Employee Signature

Date



INSTRUCTIONS TO APPLICANTS FOR LICENSURE AS A LICENSED VOCATIONAL NURSE

Notice to Individuals (Civ. Code, Sec. 1798.17) Failure to provide any of the requested information will result in the application being rejected as incomplete. The information requested will be used to determine qualifications for examination and/or registration under the Vocational Nursing Practice Act. The official responsible for information maintenance is the Executive Officer at the above noted address and telephone number. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, for the agency to perform its duties. Individuals have the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY WHEN COMPLETING YOUR APPLICATION:

STEP #1

APPLICATION FOR VOCATIONAL NURSE EXAMINATION AND LICENSURE—To apply for the Vocational Nurse examination and licensure you must submit the following:

- A. **Application for Vocational Nurse Licensure (55A-1)** – Complete and sign the Application for Vocational Nurse Licensure.
- B. **Social Security Number / Individual Taxpayer Identification Number*** – Business and Professions Code Section 30 and Public Law 94-455 [(42 USCA(c) (2) (C))] authorize collection of your Social Security Number/Individual Taxpayer Identification Number. Applications for licensure will not be processed until a valid U.S. Social Security Number/Individual Taxpayer Identification Number is received.
- C. **Photograph** – In a sealed envelope, **include** one 2" X 2" front view, head and shoulders current photograph of yourself. Please **sign** your name on the back of the photograph
- D.
- E. **Fingerprints** – See enclosed "**IMPORTANT FINGERPRINT INFORMATION**". The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. *Note: A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM DOJ.*
- F. **Fee** – Attach a check for made payable to the "BVNPT". This is a non-refundable fee that covers the application process. Do **NOT** send cash. **If you will be submitting the hard card fingerprints rather than live scan fingerprints, you must also submit the \$49.00 fingerprint processing fees. (See "Important Fingerprint Information" enclosed.)**
- G. **Proof of 12th Grade Education** – **Attach** proof of 12th grade education or its equivalent. A copy of your high school diploma **or** GED Certificate is acceptable.
- H. **Record of Conviction (55A-6)** – **Complete and sign** the Record of Conviction. Failure to complete this form accurately may delay the processing of your application.
- I. **Postcard (55A-7)** – Write your name and address on the postcard provided. Make sure to place a postage stamp on the postcard to receive verification that your application was received by the Board. (Note: Not applicable for applications downloaded from the internet.)
- J. **Other Required Documents** – See Step #2 and your specific method of qualifying to ascertain any other documents which must be submitted for examination and licensure.

STEP #2

SUMMARY OF REQUIREMENTS FOR LICENSURE – Read the enclosed “Summary of Requirements for Licensure (Form # 55A-9)” to determine which method may qualify you for the Vocational Nurse examination and licensure. Follow the instructions below for the method by which you qualify:

Method #1 – Graduates of California Accredited Schools of Vocational Nursing in California.

Instructions are on file with each school. Applications **must** be submitted by the Director of your Nursing Program. Contact your program director for application instructions.

Method #2 – Graduates of an Out-of-State School of Practical/Vocational Nursing.

- **Submit all items listed in Step #1 on the first page of these instructions.**
- **Record of Nursing Program and Official Transcripts (Form 55A-2)** - Send this form to your school of practical/vocational nursing for completion and request that the school return the completed form to you with an official certified transcript in a sealed business envelope. **You must submit the sealed business envelope containing the Record of Nursing Program and official transcripts with your application for licensure.**

Method #3 – Equivalent Education and/or Experience.

- **Submit all items listed in Step #1 on the first page of these instructions.**
- **In addition, you must submit the following documentation with your application for licensure:**
 - **Record of Nursing Program and Official Transcripts (Form 55A-2)** – If you attended nursing school, send this form to your school for completion and request that the school return the completed form to you with an official certified transcript in a sealed business envelope. Transcripts received from the school in a foreign language will also require a certified English-language translation completed either by the school or by an independent professional translator who is not related to the applicant. **You must submit the sealed business envelope containing the Record of Nursing Program and official transcripts with your application for licensure.**
 - **Record of Nursing Experience (Form 55A-3)** - Complete this form and submit it with your application for licensure.
 - **Employment Verification – Nursing Experience (Form 55A-12)** – Complete Part I of this form. Provide copies to all of the employers that you listed on the Record of Nursing Experience (you may reproduce as many copies as needed). The RN Director or Supervisor must complete the remainder of the form and return it to you in a sealed business envelope. **You must submit the UNOPENED sealed business envelope(s) containing the completed Employment Verification Forms with your application for licensure.**
 - **Proof of 54 Theory Hours of Pharmacology** –Verification of 54 theory hours of pharmacology may be submitted on the Record of Nursing Program or a copy of the Course Completion Certificate specifying completion of 54 theory hours of pharmacology **and the grade earned**. You must submit the sealed business envelope containing the Record of Nursing Program or Course Completion Certificate with your application for licensure. **(See Summary of Requirements for Licensure as a Vocational Nurse (Form 55A-9) for required course content.)**

Method #4 – Military Applicants.

- **Submit all items listed in Step #1 on the first page of these instructions.**
- **Record of Military Service (Form 55A-4)** - Complete this form in full.
- **In addition, you must submit:**
 1. Copies of military service evaluations showing the dates of service, wards assigned, and duties performed for each assignment. You must demonstrate that you rendered at least twelve (12) months of **active duty bedside patient care**.
 2. Transcripts or "Certificate of Release or Discharge from Active Duty" (DD214) showing completion of basic course of instruction in nursing required by his or her particular branch of the Armed Forces.
 3. DD214 or other military document showing that service in the Armed Forces has been under honorable conditions, or whose general discharge has been under honorable conditions.

Currently Licensed as a Practical/Vocational Nurse in Another State

If you are currently licensed as a Practical/Vocational Nurse in another U.S. State or territory, **you have received the wrong application package**. Please contact the Board at (916) 263-7800 and request an Application for Licensure by Endorsement.

IMPORTANT INFORMATION

Address Change

- If you change your address after submitting your application for licensure, you **must** notify the Board in writing, **immediately, but no later than thirty (30) days from the date of the address change**.

Application Materials

- The documents you submit **will not** be returned to you.
- The Record of Nursing Program **must** be completed by the Director of your educational program and accompanied by an official certified transcript. These documents must be submitted to the Board with your application in an unopened, sealed business envelope from the school.
- Only official transcripts are acceptable (photocopies are not accepted.) Official transcripts **must** list subjects and hours (theory and clinical) completed and the grades received for each subject area. Foreign transcripts **must** be accompanied by a certified translation if not in English.
- Employment verification forms must be submitted with your application in an unopened, sealed business envelope. Employment verification forms that appear to have been opened and/or altered will not be accepted.

Fees

- The fees for evaluation of your application and processing your fingerprint cards are non-refundable. In addition, please be advised that the fingerprint processing fees are subject to change without notice by the DOJ and FBI. **All applicants for licensure by examination are required to attach a check or money order made payable to the "BVNPT" with their application. Please do not send cash.**

APPLICATION FOR LICENSURE BY EXAMINATION FEE

Application Fee California Graduates	\$220.00
Application Fee Non-California Graduates	\$250.00

FINGERPRINT PROCESSING FEES

FBI Fingerprint Card Processing Fee	\$17.00
DOJ Fingerprint Card Processing Fee	\$32.00
	\$49.00**

RETAKE APPLICATION FOR LICENSURE BY EXAMINATION FEE

Application Fee	\$220.00***
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NCLEX® REGISTRATION

After the Board has determined your eligibility for examination you will be mailed a National Council Licensure Examination (NCLEX®) Candidate Bulletin which contains the examination registration information. You must submit a completed NCLEX® Registration form and NCLEX® Registration Fee to the Data Center each time you apply to take the examination. See "NCLEX Registration Process" below for details.

NCLEX® Registration Fee	\$200.00
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INITIAL LICENSE FEE

When all requirements for licensure have been met, the Board will advise you of the Initial License Fee to be paid. This fee is in addition to the application evaluation fee.

Filing Deadlines/Processing Times

- Applications are accepted on a year-round basis. There are no specific filing deadlines. However, appointments for testing are made on a first-come, first-serve basis.
- You are encouraged to file your application for examination at least three (3) months prior to your anticipated testing date to allow sufficient time for evaluation. **It takes approximately eight (8) weeks for initial processing. You will be notified at that time if additional information is needed to complete the evaluation of your application.**

Name Change

- If you change your name please notify the Board in writing and attach a copy of one (1) of the following documents: Marriage Certificate, Divorce Decree, Passport, or Driver's License.

NCLEX® Registration Process

- After the Board has determined your eligibility for examination you will be mailed a National Council Licensure Examination (NCLEX®) Candidate Bulletin which contains the examination registration information. Eligible candidates must register with the NCLEX Data Center within 180 days (6 months) of this notification.
- The NCLEX® Registration procedures are:

Registration by Mail

- a. **Complete** the Registration Application Form
- b. **Attach** a money order or cashier's check for \$200.00 made payable to "NCSBN"
- c. **Mail** the Registration Application Form and fee to the NCLEX® Data Center

Registration by Telephone

- a. **Complete** the Registration Application Form
- b. **Call** the NCLEX® Data Center Directly, using the toll free number on the application form
- c. Provide the operator with all of the information contained on the Registration Application Form
- d. Provide the operator with your VISA or MasterCard credit card number and expiration date. The registration fee is \$200.00

Registration by Internet

- a. For internet registration go to www.vue.com/nclex, and follow the instructions provided. The registration fee is \$200.00.

Scheduling Your Appointment to Test

- When NCLEX® Data Center has processed your registration and verified your eligibility with the Board the **NCLEX® Data Center** will mail you an "Authorization to Test", along with a list of Testing Centers.
- Select the Testing Center most convenient for you. Call that Testing Center **and** schedule your appointment to take the test.
- The Testing Center is required to ensure that all eligible first-time applicants are scheduled within thirty (30) days of their requested test date. In addition, all eligible repeat applicants will be scheduled within forty-five (45) days of their requested test date.

Special Accommodations for Disabled Candidates

- Special testing accommodations are available for candidates with disabilities. Disabled candidates must notify the Board prior to scheduling an appointment to test, to obtain the requirements for requesting special accommodations.

***SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER DISCLOSURE STATEMENT –**

Disclosure of your Social Security Number/Individual Taxpayer Identification Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c) (2) (C))] authorizes collection of your Social Security Number/Individual Taxpayer Identification Number. Your Social Security Number/Individual Taxpayer Identification Number will be used exclusively for tax enforcement purposes and for purposes of compliance with 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/Individual Taxpayer Identification 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.

**** The DOJ currently requires live scan fingerprint services for California residents. Applicants submitting live scan fingerprints will be required to pay the fingerprint processing fees at the live scan station. All applicants residing out-of-state must submit hard card fingerprints. If you reside outside of California and will be submitting the "hard card" fingerprints rather than live scan fingerprints, you must include the \$49.00 fingerprint processing fees with your fingerprint cards. The fingerprint processing fees may be combined with the application fee and submitted to the Board on one check or money order, made payable to the "BVNPT" (see "Important Fingerprint Information" enclosed).**

***** Retake applicants are not required to submit fingerprint cards and the applicable processing fees unless they have not previously satisfied this requirement, or the original application was abandoned. Applicants are only required to submit fingerprints and associated processing fees one time.**

Military Expedite Request:

Please select the applicable method below and submit the corresponding required documentation. You may only select one method.

Honorably Discharged Former Active Duty Member of the US Armed Forces

Submit **one** of the following:

A copy of your DD-214 (Certificate of Release or Discharge from Active Duty) or

Spouse / Domestic Partner of an Active Duty Member Assigned to a Duty Station in California

Submit the documentation listed below:

Legal documentation of marriage or domestic partnership (or other legal union);

A copy of the "Active Duty" military orders from your spouse who is assigned to a duty station in California; and

Certified verification of your current vocational nurse license/registration in another state, district, or territory of the US.

Business and Professions Code section 135.4 provides that the BVNPT must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;

You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,

You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

YES NO

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

Acceptable Documentation:

Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.

Special immigrant visa that includes the of "SI" or "SQ."

Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.

An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

• Have you ever been denied a license, registration, certificate or credential to practice as a vocational nurse or psychiatric technician or any other profession or occupation in any state or country?

YES NO

• Have you had a license, registration, certificate or credential to practice as a vocational nurse or psychiatric technician or any other profession or occupation subjected to discipline by any state or country?

YES NO

• Have you ever voluntarily surrendered a license, registration, or credential to practice as a vocational nurse or psychiatric technician or any other profession or occupation in any state or country?

YES NO

• Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country?

YES NO

- Are you required to register as a sex offender pursuant to Section 290 of the Penal Code?
 YES NO

- Have you ever been required to register as a sex offender pursuant to Section 290 of the Penal Code?
 YES NO

If you answered yes to any of the above questions, the Enforcement Division will contact you for additional information.

Confidentiality Notice: You are advised that pursuant to Business and Professions Code, Section 123, the content of the Vocational Nurse licensure examination is confidential. If you are deemed eligible to take this examination, you are hereby notified that unauthorized possession, reproduction, or disclosure of any examination materials is a violation of the law and subject to criminal misdemeanor prosecution. A violation of this type may also result in civil liability and/or discipline by the licensing agency including denial of licensure.

PLEASE READ CAREFULLY BEFORE SIGNING. *I hereby certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. False statements included in this application can result in licensure denial.*

Signature: _____ **Date:** _____

***SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER DISCLOSURE STATEMENT**

Disclosure of your Social Security Number/Individual Taxpayer Identification Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c) (2) (C))] authorizes collection of your Social Security Number/Individual Taxpayer Identification Number. Your Social Security Number/Individual Taxpayer Identification Number will be used exclusively for tax enforcement purposes and for purposes of compliance with 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/Individual Taxpayer Identification 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.

Student Document Request Form

Please complete the following information, ensuring that it is complete and legible

Student Information

Student Name: _____
 Social Security #: _____ Date of Birth: _____
 Address: _____
 Phone #'s _____
 & Email: _____
 Type of Document Requested:

- Official Transcripts
 Unofficial Transcripts
 Grades
 Recommendation Letter
 Letter of Enrollment
 Physical (copy)
 CPR (copy)
 Other: RONP
 Financial Invoice
 Loan Documents (copy)
 IV/BW Cert (copy)
H.S. Completion
Livescan

A fee of \$10.00 will be charged for each official transcript. The student's financial accounts must be current prior to the college furnishing any transcripts or other documentation. Some documents will only be completed at the discretion of the Administrator(s) &/or Instructor(s) you are requesting the document from (e.g., Recommendation Letter). Please allow up to 5-10 business days for documents to be completed. Documents for coursework attempted or completed over 5 years ago may take approximately 30 business days to process if available. This documentation may no longer be available due to the length of time.

Student Signature _____

Date _____

Office Use Only

- FA Cleared _____
 Completed _____
 Unable to Complete, See Comments
 Money Received: YES _____ Amount \$ _____ NO _____

Comments:

Angeles Institute Employee Signature _____

Date _____

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS RECORD OF CONVICTION

TYPE OR PRINT (USE BLUE OR BLACK INK ONLY). IF MORE SPACE IS NEEDED TO COMPLETE ANY SECTION, PLEASE ATTACH ADDITIONAL SHEETS.

1. NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____																	
2. ADDRESS (STREET OR BOX NUMBER) _____ (APARTMENT NUMBER) _____																	
3. CITY _____ STATE _____ ZIP _____																	
4. BIRTHDATE (MM/DD/YYYY) _____	6. TELEPHONE NUMBERS																
5. SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER _____	CELL (_____) _____																
	HOME (_____) _____																
	BUSINESS (_____) _____																
7. Pursuant to Business and Professions Code Section 480 (c), any false statements included in this application may result in license denial. Please carefully read all information contained on the front and back of this form before signing. I declare under penalty of perjury under the laws of the State of California that the information provided herein and attachments is true and correct.																	
Signature: _____ Date: _____																	
8. Are you or have you previously been licensed or certified as a psychiatric technician, practical, vocational or registered nurse, or any other healthcare professional in this or any other state, territory or country? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
A.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">State</th> <th style="width: 50%;">License Type</th> <th style="width: 20%;">License #</th> <th style="width: 20%;">Expiration Date #</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>	State	License Type	License #	Expiration Date #		<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> PT <input type="checkbox"/> LVN/LPN <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____		
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B. Has your license or certification ever been suspended, revoked, placed on probation or disciplined? <i>If Yes, you must explain the basis for the disciplinary action and submit a copy of the disciplinary order.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
C. Have you used any other names? <i>If Yes, list all other names used:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No																	
9. Have you ever been convicted of, pled guilty to, or pled nolo contendere to ANY offense in the United States or a foreign country? <i>If YES, you must, complete item 12 on the back of this form.</i>																	
<p>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, 1203.4(a), or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.</p>																	
10. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e) or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court? <i>If YES, you must, complete item 12 on the back of this form.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
11. Is any court action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? <i>If YES, you must, complete item 12 on the back of this form.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No																	

12. If you answered yes to item 9, 10, or 11, you must provide all of the information requested below for each offense. Department of Motor Vehicles printouts are not accepted in lieu of completing this section. If more space is needed to complete this section, please attach additional sheets.

If you have been convicted of a crime, you must submit certified court documents, police reports, and a detailed explanation, in your own words, for each offense. (Certified court/police documents are obtained directly from the court/police department with an original stamp of certification. Do not send copies, as they will not contain an original certification and will not meet the requirement for certified documents. If the police report and/or court documents are no longer available, you must obtain a statement from the police department or court attesting to that fact.) **Additionally, please submit documents regarding your rehabilitation efforts, such as:**

- Proof that you complied with the terms of your parole, probation, restitution or any other court imposed sanctions.
- Evidence of expungement proceedings pursuant to penal code section 1203.4, 1203.4(a), or 1203.41.
- Any other evidence of rehabilitation you wish the board to consider.

A. Date of Offense _____ B. City and State of Offense _____

C. Name and location of court where your case was heard _____

D. Details of the offense of which you were convicted _____

E. Date of Conviction _____ F. Date(s) of Imprisonment, if applicable _____

G. Amount of fine paid _____ H. Period of Probation _____

I. Conditions of Probation _____

A. Date of Offense _____ B. City and State of Offense _____

C. Name and location of court where your case was heard _____

D. Details of the offense of which you were convicted _____

E. Date of Conviction _____ F. Date(s) of Imprisonment, if applicable _____

G. Amount of fine paid _____ H. Period of Probation _____

I. Conditions of Probation _____

A. Date of Offense _____ B. City and State of Offense _____

C. Name and location of court where your case was heard _____

D. Details of the offense of which you were convicted _____

E. Date of Conviction _____ F. Date(s) of Imprisonment, if applicable _____

G. Amount of fine paid _____ H. Period of Probation _____

I. Conditions of Probation _____

Important note: You will be permitted to take the licensing examination regardless of any criminal conviction history you disclose. However, a determination as to whether your license will be granted or denied will not be made until you have passed the examination and the board has received all required conviction documentation.