



Challenge Paperwork- Method 3; Equivalency Application

CHALLENGING THE BOARD METHOD 3:

You will need to review the following presentation in order to complete and submit your method 3 application correctly;

1. General Information regarding a method 3 challenge application
 - a. Financial holds will delay our processing time to submit documents and must be handled with the Financial Dept. before Student Affairs can process and submit items. Typical processing takes up to 10 business days.
 - b. For Processing times visit <https://bvnpt.ca.gov/times.shtml>
 - c. For Cost visit <https://www.bvnpt.ca.gov/licensees/fees.shtml>
 - i. Note, Pearson Vue exam fees are \$200
 - ii. Note, BVNPT has increased application and licensure fees effective Sept 2022
2. Record of Conviction Application
 - a. Additional documents may or may not apply to you
3. Record of Nursing Form
 - a. To be sent sealed directly from school DON to BVNPT ***Cannot** be released to students
4. Please note that effective 1/1/2023 NCLEX Next Gen will be used; which is a significantly more difficult version of the NCLEX that involves **more** case studies
 - a. Students should prepare using Shadow Health and other Case study immersive platforms

Note:

Employment Verification- Nursing Experiences requirement will only need to be completed for those who have been dropped prior to completion of 300C Term. If you have completed all nursing hours and attempted your exit exams you most likely will not need to complete nursing experience documents and may skip this step. Check in with Student Affairs if you have questions regarding this step.

All other sections will be completed by Angeles Institute's DON via Record of Nursing Program (RONP).

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.)**



APPLICATION FOR VOCATIONAL NURSE LICENSURE

(ATTACH \$250 APPLICATION FEE. AN ADDITIONAL \$49 FINGERPRINT FEE IS REQUIRED FOR PROCESSING HARD CARD FINGERPRINTS – SEE ENCLOSED INSTRUCTIONS.)

Read the enclosed instructions carefully before completing this application. The information is used to determine your eligibility for licensure. If additional space is needed to complete any section of this application, please attach additional sheets. The Executive Officer of the Board is responsible for information maintenance.

Print or Type (Do not use pencil)

Name: _____
Last First Middle

Address: _____
Street or P.O. Box/Apartment Number City State Zip

Email Address: _____ Telephone/Cell Number: _____

Social Security or Individual Taxpayer Identification Number*: _____ Birthdate: _____
Month/Day/Year

Did you graduate from high school? YES NO

Name of High School: _____ City/State: _____

Did you pass a high school equivalency test? YES NO

If NO, circle the highest grade you completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you attend a Vocational/Practical Nurse Program? YES NO Did you graduate from the program? YES NO

If yes, name of program: _____ State/Country: _____

Date started: _____ Date completed: _____

Did you attend a Registered Nursing program? YES NO Did you graduate? YES NO

If yes, name of program: _____ State/Country: _____

Date started: _____ Date completed: _____

Have you ever been licensed as a Vocational/Practical Nurse? YES NO Date licensed: _____

State of "original" license: _____

Have you ever been licensed as a Registered Nurse? YES NO Date licensed: _____

State of "original" license: _____

Have you ever applied to this Board for licensure under a different name: YES NO

Please list other name(s): _____

Will documents be submitted to this Board under a different name? YES NO

If YES, please list the other name(s): _____

DO NOT WRITE IN THIS SPACE
APP. NO
LIC. NO
ILF-CA NO.
ATS NO.

FIRST FORM: APPLICATION FOR VOCATIONAL NURSE LICENSURE



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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 VOCATIONAL NURSE LICENSURE

(ATTACH \$250 APPLICATION FEE. AN ADDITIONAL \$49 FINGERPRINT FEE IS REQUIRED FOR PROCESSING HARD CARD FINGERPRINTS – SEE ENCLOSED INSTRUCTIONS.)

Read the enclosed instructions carefully before completing this application. The information is used to determine your eligibility for licensure. If additional space is needed to complete any section of this application, please attach additional sheets. The Executive Officer of the Board is responsible for information maintenance.

DO NOT WRITE IN THIS SPACE
APP. NO
LIC. NO
ILF-CA NO.
ATS NO.

Print or Type (Do not use pencil)

Name: YOUR LAST NAME YOUR FIRST NAME YOUR MIDDLE NAME
Last First Middle

Address: 17100 PIONEER BLVD SUITE 170 ARTESIA CA 90701
Street or P.O. Box/Apartment Number City State Zip
YOUR PHONE NUMBER

Email Address: YOUR EMAIL ADDRESS Telephone/Cell Number: _____

Social Security or Individual Taxpayer Identification Number*: YOUR SOCIAL SECURITY Birthdate: YOUR BIRTHDATE
Month/Day/Year

- Your name MUST be exactly the same as it appears on your ID/License
- Make sure the address you indicate is somewhere you will be able to receive mail for the next 4 months

➤ If you graduated high school

Month/Day/Year

Did you graduate from high school? YES NO

Name of High School: NAME OF HIGH SCHOOL City/State: CITY/STATE

Did you pass a high school equivalency test? YES NO

If NO, circle the highest grade you completed 1 2 3 4 5 6 7 8 9 10 11 12

➤ If you did not graduate high school, but took an equivalency test

Month/Day/Year

Did you graduate from high school? YES NO

Name of High School: _____ City/State: _____

Did you pass a high school equivalency test? YES NO

If NO, circle the highest grade you completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you attend a Vocational/Practical Nurse Program? YES NO Did you graduate from the program? YES NO

If yes, name of program: ANGELES INSTITUTE State/Country: ARTESIA, CA

Date started: LEAVE BLANK Date completed: LEAVE BLANK

Did you attend a Registered Nursing program? YES NO Did you graduate? YES NO

If yes, name of program: _____ State/Country: _____

Date started: _____ Date completed: _____

Have you ever been licensed as a Vocational/Practical Nurse? YES NO Date licensed: _____

State of "original" license: _____

Have you ever been licensed as a Registered Nurse? YES NO Date licensed: _____

State of "original" license: _____

Have you ever applied to this Board for licensure under a different name: YES NO

Please list other name(s): _____

Will documents be submitted to this Board under a different name? YES NO

If YES, please list the other name(s): _____

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: YOUR SIGNATURE Date: MM/DD/YYYY

***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.

“If you went to court and the judge ordered you to do anything (classes or community service), if you were ever on probation with the court, or had to pay any fines, then you very likely have to disclose this to the BVNPT; including if you have a dismissed conviction, rather than dismissed charges.” **

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)

5. SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER

6. TELEPHONE NUMBERS
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? Yes No

A.	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) _____		

B. Has your license or certification ever been suspended, revoked, placed on probation or disciplined?
If Yes, you must explain the basis for the disciplinary action and submit a copy of the disciplinary order. Yes No

C. Have you used any other names?
If Yes, list all other names used: _____ Yes 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?
If YES, you must, complete item 12 on the back of this form. Yes No

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.

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?
If YES, you must, complete item 12 on the back of this form. Yes 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?
If YES, you must, complete item 12 on the back of this form. Yes No

Second FORM: BVNPT RECORD OF CONVICTION

** <https://rnguardian.com/applying-lv-n-license-dismissed-expunged-conviction/>

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)		
YOUR LAST NAME YOUR FIRST NAME YOUR FULL MIDDLE NAME		
2. ADDRESS (STREET OR BOX NUMBER) (APARTMENT NUMBER)		
17100 PIONEER BLVD APT 170		
3. CITY STATE ZIP		
ARTESIA CA 90701		
4. BIRTHDATE (MM/DD/YYYY)		6. TELEPHONE NUMBERS
MM/DD/YY		
5. SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER		
000-00-0000		CELL (000) 000-0000
		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: YOUR SIGNATURE		Date: MM/DD/YYYY

- Your name MUST be exactly the same as it appears on your ID/License
- Make sure the address you indicate is somewhere you will be able to receive mail for the next 4 months

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? Yes No

A.	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) _____		

B. Has your license or certification ever been suspended, revoked, placed on probation or disciplined?
If Yes, you must explain the basis for the disciplinary action and submit a copy of the disciplinary order. Yes No

C. Have you used any other names?
If Yes, list all other names used: _____ Yes 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?
If YES, you must, complete item 12 on the back of this form. Yes No

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.

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If YES, you must, complete item 12 on the back of this form. Yes 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?
If YES, you must, complete item 12 on the back of this form. Yes No



BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS

Record of Conviction (ROC) FAQs

Can someone with a criminal conviction apply for licensure?

- **Yes!** An applicant with a criminal conviction is permitted to apply for licensure, and to take the licensure examination if they meet all of the education and experience requirements. **The final determination on the application with a criminal conviction is made only after the applicant takes and passes the licensure examination.**
 - **By permitting an applicant to take the licensing examination, the Board does not waive its right to deny licensure based on convictions once an applicant passes the exam.*
- The Board evaluates the official criminal records and supporting information to determine whether a license application should be granted or denied.
 - If the Board denies licensure, a Statement of Reasons (Denial Notice) is mailed to the applicant informing them of the right to request a hearing within 60 days from the date of the Denial Notice.
 - If a hearing is requested by the applicant, the application and supporting documentation are transmitted to the Attorney General's Office, and a Statement of Issues document is prepared. The Statement of Issues is mailed to the applicant at their address of record, and a formal administrative hearing is scheduled before an Administrative Law Judge.
 - After the administrative hearing, the Administrative Law Judge who presided at the hearing will prepare and submit a proposed decision to the Board for consideration. The Board may accept or reject the proposed decision of the Administrative Law Judge. The final decision on the application rests with the Board and not with the Administrative Law Judge.

Record of Conviction (ROC) FAQs Continued...

Can you tell me in advance if my application will be approved or not?

- **No.** Unfortunately, we do not tell people if they will be approved or not, as each decision is based on the specific facts and circumstances of the case.
- Applicants may review the following legal provisions to see if the facts and circumstances of the criminal conviction may warrant denial of the application:
 - 16 California Code of Regulations § 2521. Substantial Relationship Criteria
 - 16 California Code of Regulations § 2522. Rehabilitation Criteria
 - Assembly Bill No. 2138 (Chiu 2018). Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction
 - Serious Felonies: Penal Code §1192.7, subd. (c)

Some helpful BVNPT webpages

- Applicant Page
 - <https://www.bvnpt.ca.gov/applicants/index.shtml>
- Enforcement Page
 - <https://www.bvnpt.ca.gov/enforcement/index.shtml>
- FAQ page
 - https://www.bvnpt.ca.gov/about_us/faq.shtml

IF you have a Record, you will need to work on getting the following items!

Documents for Applicants with Convictions

(Please Note: These documents will speed up the board's ability to evaluate the incident/arrest/conviction.)

1. **Certified Arrest/ Incident Reports for:** (Includes any vehicle code violation over \$1000 i.e. red light, speeding etc.)*
 - a. Charges
 - b. Sentencing
 - c. Completion
 - d. Dismissal
 - You will need to contact the court hours request these documents.
 - Should be ready on the same day
 - If you are low income you are able to request a fee waiver

**If the arrest documents are purged or unavailable, please provide a letter or proof from the arresting agency which confirms that information.*

2. **Police report**
 - a. Request police report from the police department in which the incident occurred
 - b. Can take between 5 days to 5 weeks
 - c. If police department does not want to release this document request a letter stating why.
 - i. Make sure to get a receipt from the police department
3. **Letter from student****
 - a. You will write a letter to the board explaining:
 - i. why this situation occurred
 - ii. Why it will not happen again
 - iii. What you learned
 - iv. How you have grown as a person since

***will need a printed copy and an electronic one.*

Optional:

- Can include completion certificates of court ordered/voluntary rehabilitation.
- Reference Letters:

For Alcohol or Drug Related Convictions:

- Recent letters from professionals in the community; for example, AA/NA Sponsor, counselor, probation officer, employer, instructor, etc. who can address an awareness of your past misconduct and current rehabilitation; for example, use/non-use of alcohol/drugs. The letters must be signed by the author and dated within the last year.

For all other Convictions:

- Recent letters from professionals in the community; for example, counselor, probation officer, employer, instructor, etc. who can address an awareness of your past misconduct and current rehabilitation; honesty/integrity, management of anger/stress. The letters must be signed by the author and be dated within the last year.

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:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> Unofficial Transcripts | <input type="checkbox"/> Grades | <input type="checkbox"/> Recommendation Letter
Other: Form 55A-2&3, |
| <input type="checkbox"/> Letter of Enrollment | <input type="checkbox"/> Physical (copy) | <input type="checkbox"/> CPR (copy) | <input checked="" type="checkbox"/> Live Scan, High School
Diploma/transcripts |
| <input type="checkbox"/> Financial Invoice | <input type="checkbox"/> Loan Documents (copy) | <input type="checkbox"/> IV/BW Cert (copy) | +photo |

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 _____

STEP 3: SUBMIT DOCUMENT REQUEST :

1. RECORD OF NURSING
2. HIGH SCHOOL COMPLETION PROOF
3. LIVESCAN



RECORD OF NURSING PROGRAM: NON-GRADUATE

Section A (1-6) is the applicant information. Section B (7-13) is the school information. Section C (14-18) must be completed in full. The school must return the entire **completed** form electronically to the Board. STRIKEOUTS, WHITE-OUT OR CORRECTION OF ANY ERRORS ARE NOT ACCEPTABLE AND THE FORM WILL **NOT** BE PROCESSED. DO NOT USE PENCIL.

PLEASE PRINT OR TYPE

SECTION A (1-6) - APPLICANT INFORMATION:

1. Name: _____
Last First Middle

2. Address: _____
Street or Box Number/Apartment Number City State Zip Code

3. Telephone Numbers: () () Home Business 4. Email Address: _____

5. Birthdate: _____ 6. Social Security Number*: _____
Month/Day/Year

SECTION B (7-13) - VOCATIONAL NURSING SCHOOL INFORMATION

7. Name of School: _____ City: _____ State: _____

8. Date Program Started: _____ Date verified hours completed: _____
Month/Day/Year Month/Day/Year

9. Was program approved when hours were completed? Yes No

10. The applicant proved completion of 12th grade in high school or its equivalent:
 Presented official school record showing completion of 12th grade in high school
 Passed the "GED" Test at the 12th grade level

11. Total number of Theory/Clinical hours completed in YOUR nursing program:
Theory: _____ hours Clinical: _____ hours

12. Total number of Theory/Clinical hours which your school granted credit for "Previous Education" (if applicable):
Theory: _____ hours Clinical: _____ hours

13. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Program Director Signature: _____

Program Director Printed Name: _____

SCHOOL SEAL

Date: _____

* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

Disclosure of your social security 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. Your social security 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, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.

THIRD FORM: BVNPT RECORD OF NURSING



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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



RECORD OF NURSING PROGRAM: NON-GRADUATE

Section A (1-6) is the applicant information. Section B (7-13) is the school information. Section C (14-18) must be completed in full. The school must return the entire **completed** form electronically to the Board. STRIKEOUTS, WHITE-OUT OR CORRECTION OF ANY ERRORS ARE NOT ACCEPTABLE AND THE FORM WILL **NOT** BE PROCESSED. DO NOT USE PENCIL.

PLEASE PRINT OR TYPE

SECTION A (1-6) - APPLICANT INFORMATION:

1. Name: YOUR LAST NAME YOUR FIRST NAME YOUR FULL MIDDLE NAME
Last First Middle

2. Address: 17100 PIONEER BLVD ARTESIA CA 90701
Street or Box Number/Apartment Number City State Zip Code

3. Telephone Numbers: 000 000-0000 ()
Home Business

4. Email Address: johndoe22@gmail.com

5. Birthdate: MM/DD/YYYY 6. Social Security Number*: 000-00-0000
Month/Day/Year

.....

*If applicable: Employment Verification-Nursing Experience



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945
Phone (916) 263-7800 Fax (916) 263-7855 Web www.bvnpt.ca.gov



EMPLOYMENT VERIFICATION – NURSING EXPERIENCE

To receive credit for nursing experience, State law requires that the Board obtain verification of employment and certification from the Registered Nurse (RN) Director or RN/LVN Supervisor that the applicant has demonstrated the required knowledge and skills during the applicant's paid general duty bedside nursing experience.

INSTRUCTIONS TO APPLICANT:

- Complete Part I on the second page of this form and provide a copy Part II through IV on pages three and four of this form to each employer you worked for during the past ten (10) years. (You may reproduce as many copies of this form as needed.)
- This form must be completed in full by the RN Director or RN/LVN Supervisor and returned directly to you in the employer's sealed business envelope. The UNOPENED sealed envelopes containing the Employment Verification Forms must be submitted to the Board with your Application for Vocational Nurse Licensure.
- If you already have an application on the file with the Board and are submitting additional experience, the employment verification form may be submitted to the Board by the applicant or the employer but must be received in the employer's sealed business envelope.

Please be advised that employment verification forms that appear to have been opened or altered will not be accepted. The Board conducts random audits to verify the accuracy of the information submitted. Discrepancies or false statements included in the application can result in licensure denial.

INSTRUCTIONS TO EMPLOYER:

The applicant, as identified on page two of this form, is applying for licensure as a vocational nurse under Section 2873 of the Business and Professions Code. For the applicant to receive credit for nursing experience, California law requires the Board to obtain verification of employment and certification from the RN Director or RN/LVN Supervisor, that the applicant has demonstrated required knowledge and skills during the applicant's paid general duty bedside nursing experience.

- Please complete Parts II through V, on pages three and four of this form and return it to the applicant in a sealed business envelope. Indicate on the outside of the envelope "Employment Verification Enclosed – Do Not Open". It is the applicant's responsibility to collect the Employment Verification Form(s) and submit them with the application for licensure.
 - **Part II:** Indicate the name and type of facility where the experience was obtained.
 - **Part III:** Provide the specific dates that the applicant worked under your supervision, in the area of nursing being verified. Additionally, indicate if the applicant was employed full time (40 hrs./wk.) or part time and include the number of hours worked in each area. The Board MUST receive a breakdown of the number of hours spent in each area to evaluate the experience.
 - **Part IV:** Indicate whether the applicant has satisfactorily demonstrated each skill with safety to the patient. The skills listed in Part IV(B) may be demonstrated in classroom, lab, and/or patient care settings.
 - **Part V:** Declaration and signature of RN Director or RN/LVN Supervisor
- Thank you for your assistance. Please feel free to contact the Board at (916) 263-7800 if you have any questions.

*If applicable: Employment Verification-Nursing Experience Continued

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS EMPLOYMENT VERIFICATION – NURSING EXPERIENCE

Part I is to be completed by the applicant and submitted to employers for verification of nursing experience. The remainder of this form must be completed by the RN Director or RN/LVN Supervisor and returned to the applicant by the employer in a sealed business envelope. FORMS CONTAINING STRIKEOUTS OR CORRECTIONS WILL NOT BE ACCEPTED. (See Page 1 for detailed instructions on how to complete this form.)

PART I: TO BE COMPLETED BY THE APPLICANT (print or type - do not use pencil):

1. NAME (LAST) YOUR LAST NAME	(FIRST) YOUR FIRST NAME	(MIDDLE) YOUR FULL MIDDLE NAME
2. ADDRESS 17100	(STREET OR BOX NUMBER) PIONEER BLVD	(APT. NO) SUITE 170
3. CITY ARTESIA	STATE CA	ZIP 90701
4. NAME WHILE EMPLOYED AT THIS FACILITY: FULL NAME	5. SOCIAL SECURITY NUMBER 000-00-0000	6. DAY PHONE NUMBER 562-531-4100

PLEASE NOTE: UNDER CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 2521. THE LICENSE OF AN APPLICANT WHO PROCURES A LICENSE BY FRAUD, MISREPRESENTATION, OR MISTAKE MAY BE DENIED, SUSPENDED OR REVOKED.

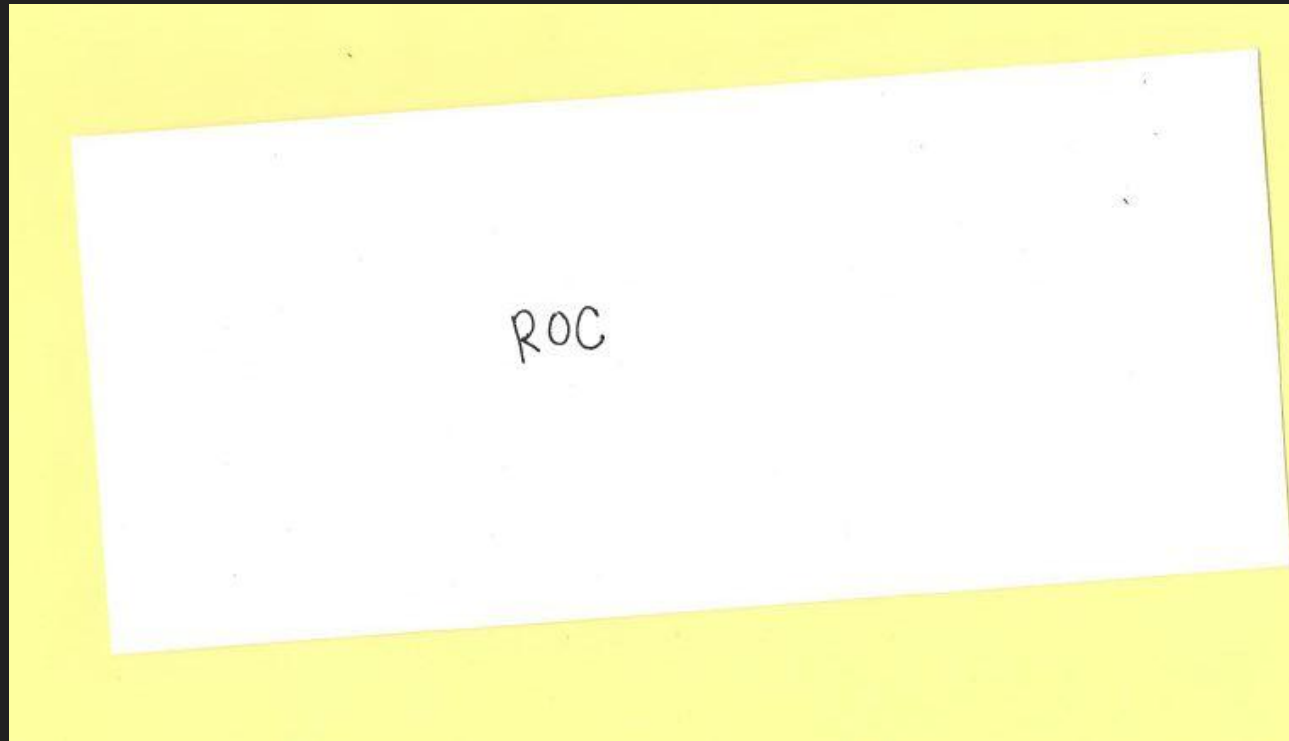
Applicant Signature: **YOUR SIGNATURE**

Printed Name: **PRINT YOUR NAME**

Date:

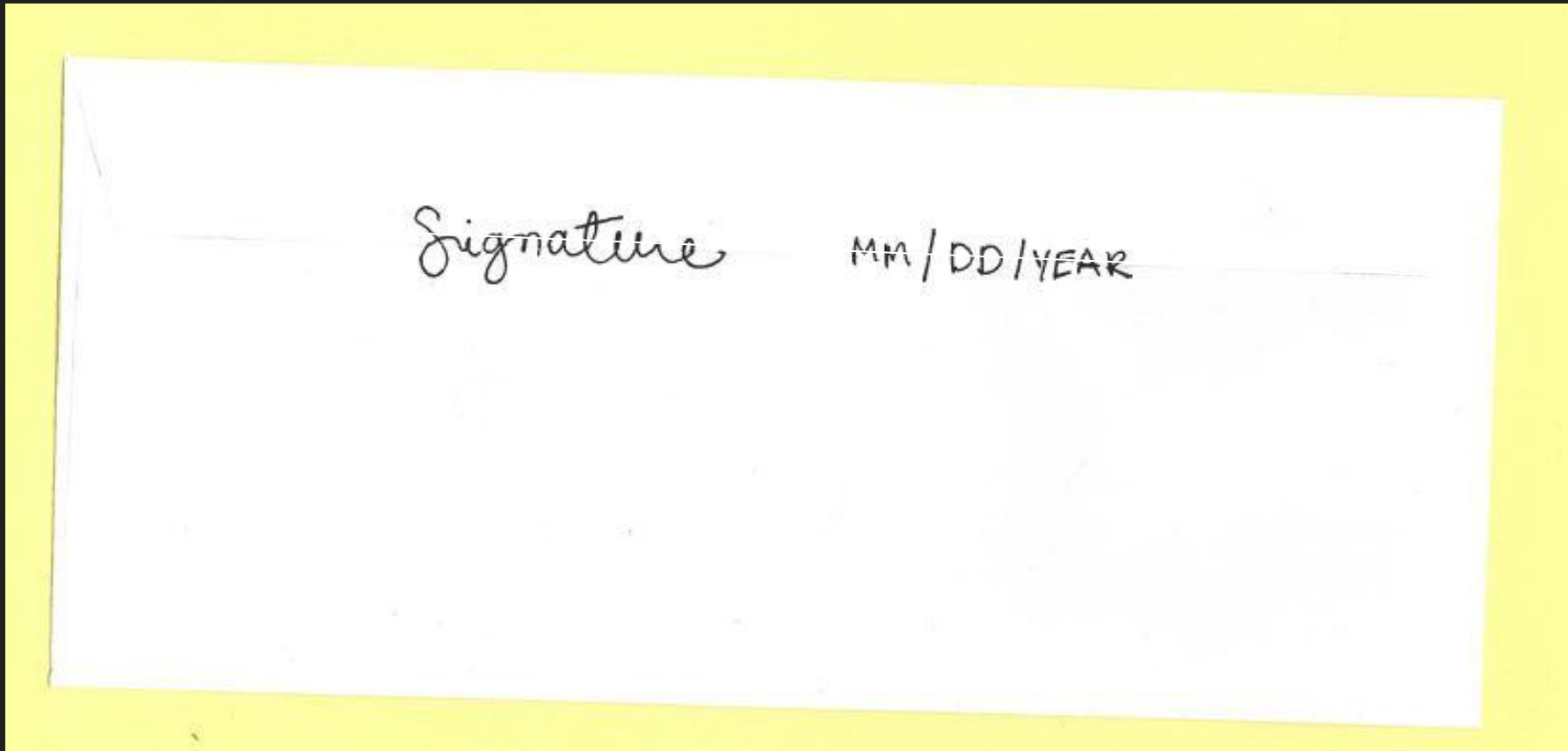
- ❖ You can include as many Employment Verification as you want!
- ❖ The rest of the application will need to be completed by the DSD or direct supervisor during the time you were employed

- If you answered **NO** to all the prompts, then fold your paper in the parts and place inside envelope.



- **ONLY** the **ROC** form should be inside the envelope

- On the back of the envelope, sign on the flap and date





A challenge application that is ready to be mailed out will need the following:

1. Initial Application for Licensure
2. Record of Conviction
 - a. if you have a conviction you will need
 - i. Certified Police Report
 - ii. Certified Court Paperwork
 - iii. A letter from you addressing the situation
 - iv. optional
 1. letters of recommendation
 2. supporting documents ex: course completions
3. High school Transcripts
4. Livescan
5. Check or Money order of \$330* (effective Sept. 21st, 2022)



1. Angeles Institute can mail out **ALL** your items together, and provide a tracking number once it's available; **OR**, you can choose to mail out your application, with the **exception** of the **RONP**- *which will be completed and mailed by the Director of Campus at Angeles Institute.*
 - a. Processing times are subject to change and may be reviewed on the BVNPT website. It may take **16-24 weeks** to hear back from the board
 - i. <https://www.bvnpt.ca.gov/times.shtml>

2. Angeles Institute has changed its policy for the processing and submission of Method 3 Challenge Applications, **effective immediately**. All applications for Method 3 assistance submitted prior to a student's expected graduation date will be **denied**. Students who wish to submit Method 3 applications will need to wait for their expected graduation date to **pass** in order to have their application processed by Angeles Institute.
 - a. Furthermore, all applications will now be subject to a **quarterly processing schedule**.
 - i. Please check with the Student Affairs Department personnel for deadlines and submission details.
 1. Applications submitted **after** the set deadline will be processed according to the **next quarterly deadline** (*3 months later*). **NO EXCEPTIONS WILL BE MADE**

Any questions regarding Method 3 Applications should be to Student Affairs.
Contact: Studentaffairs@angelesinstitute.edu