

CA .GOV Department of Consumer Affairs BREZE

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DCA BreZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreZe online shop for consumers, licensees and applicants! BreZe enables consumers to submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to log in with BreZe.
- BreZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS
Check Licenses and file complaints.

[License SEARCH](#) [File a COMPLAINT](#)

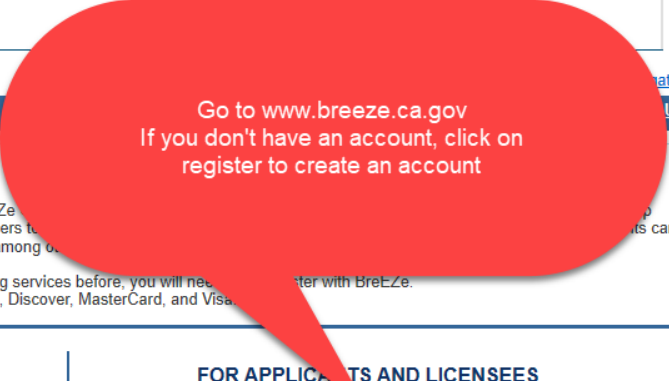
FOR APPLICANTS AND LICENSEES
Applicant and licensing needs are available here. You will need to [register](#), or use your existing user name and password

Returning User
Fields marked with * are required

* User ID:
* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

New Users
[BreZe Registration](#)



Go to www.breeze.ca.gov
If you don't have an account, click on register to create an account

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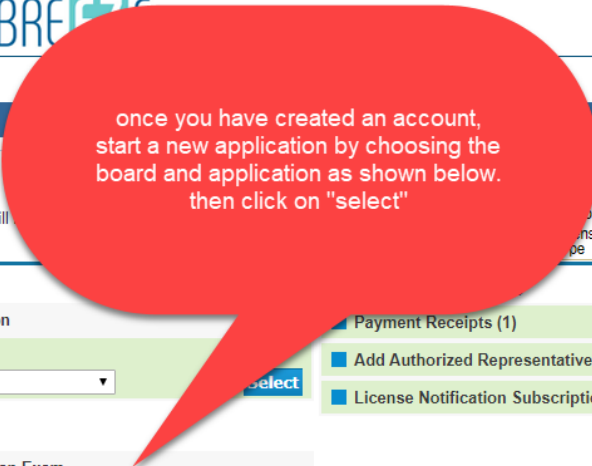
Quick Start Menu
To start, choose an option, and you will be taken to the appropriate page.

License Activities

- Manage your license information
- Payment Receipts (1) [Select](#)
- Add Authorized Representative [Select](#)
- License Notification Subscriptions [Select](#)

Applications

- Start a New Application or Take an Exam
- Board of Vocational Nursing and Psychiatric Technicians
- Application for Vocational Nurse Licensure by Exam [Select](#)
- Finish Incomplete Applications
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- Continuing Education Provider Initial Application [Select](#)



once you have created an account, start a new application by choosing the board and application as shown below. then click on "select"

Introduction

Application for Vocational Nurse Licensure by Exam - Introduction

All applicants for licensure as a Vocational Nurse in California must meet all of the requirements and one of the qualifying methods below.

In order to apply for a Vocational Nurse license:

1. You must be at least 17 years of age;
2. Provide proof of completion of the 12th grade of schooling or its equivalent;
3. Provide a valid U.S. Social Security Number (SSN) or Federal Employment Identification Number (FEIN). (If you do not have a valid U.S. SSN or FEIN, please contact the Social Security Administration or the Internal Revenue Service).

Qualifying Methods:

1. Graduate of a California approved Vocational Nursing program (Note: If you did not pass the comprehensive exit exam, the school may not consider you a graduate.);
2. Received education equivalent to a California approved Vocational Nursing program;
3. Received a combination of education and work experience;
4. Received your education and experience from the Armed Forces;
5. Paid work experience.

Applicants with a California Vocational Nurse License that has been expired for 4 years or more must reapply using qualifying method #2.

read this portion

Thoroughly read instructions located at <http://www.bvnpt.ca.gov/licensing/forms.shtml> before completing this application.

Press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

If you require special accommodations you must submit the following items to BVNPT prior to registering for your exam:

1. A statement specifying what special accommodation is requested (ex: 1.5 hour extension)
2. A statement from an appropriate medical authority responding to all of the following:
 - The nature and extent of the disability;
 - The test(s) performed to diagnose the disability;
 - The effect of the disability on your ability to perform under standard testing conditions;
 - The specific accommodation or modification the medical authority is recommending.
3. If applicable, a letter from your educational program verifying how they accommodated your disability.

If you have a learning disability, the above documentation must be submitted by a learning disability specialist or psychologist.

Notice to individuals (Civil Code Section 1798.17): All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

During the online application process do not select your "Browser" back button. This will cause your session to end without any updates.

Next Cancel



Department of Consumer Affairs



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Introduction

Information Privacy Act

Application for Vocational Nurse Licensure by Exam - Information Privacy Act

Collection and Use of Personal Information

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs (DCA) collects the personal information requested on this application as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, (Vocational Nursing Practice Act); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

For questions about this notice or access to your records, you may contact the Board of Vocational Nursing and Psychiatric Technicians at: <http://www.bvnpt.ca.gov/contact.shtml>.

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.

Agree Cancel



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Application for Vocational Nurse Licensure by Exam - Function Suitability

The following questions will determine if you meet the minimum requirements to submit the online application.
 Press "Previous" to return to the previous section.
 Answer the questions and press "Next".
 To save and exit this application, click on the "Cancel" button.

Question	Answer
Are you at least 17 years of age?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are you licensed as a practical/vocational nurse in another state and would like to apply by Endorsement?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you ever been issued a license by this Board that was revoked or surrendered?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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if you reside outside CA, you will need to Submit a request in writing for the 8" x 8" fingerprint card (FD-258) to the Board of Vocational Nursing and Psychiatric Technicians, 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833. Please refer to this link for fingerprint FAQ: https://bvnpt.ca.gov/licensees/fingerprint_faq.shtml

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Application Questions

Answer the questions and press "Next" to continue.
 Press "Previous" to return to the previous section.
 To save and exit this application, click on the "Cancel" button.

Have you graduated from a California approved Vocational Nursing program?	No
Will you be submitting fingerprints via fingerprint hard card? If "Yes" this will add an additional fee to your application. If "No" submit a copy of your completed Live Scan form.	No
Will you be requesting Special Testing Accommodations?	No
Have you served, or are you currently serving, in the U.S. Armed Forces?	No
Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?	No

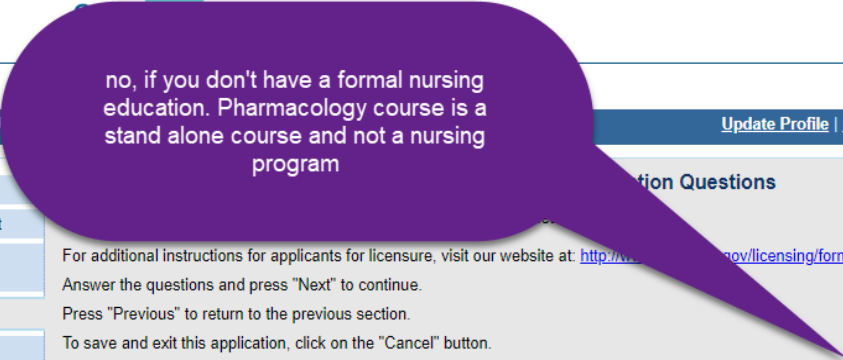
All applicants living within California must submit their fingerprints through live scan and provide the complete live scan request form with their application. Applicants living outside of California must submit 2 fingerprint cards and the required processing fee.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application.

- DD214 or other supporting documentation.

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Application Questions

For additional instructions for applicants for licensure, visit our website at: <http://www.bvnpt.ca.gov/licensing/forms.shtml>
Answer the questions and press "Next" to continue.
Press "Previous" to return to the previous section.
To save and exit this application, click on the "Cancel" button.

Have you received education equivalent to a California approved Vocational Nursing program OR have you had a California Vocational Nurse License that has been expired for 4 years or more?

All applicants living within California must submit their fingerprints through live scan and provide the complete live scan request form with their application. Applicants living outside of California **must** submit 2 fingerprint cards and the required processing fee.

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Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application.

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Application for Vocational Nurse Licensure by Exam - Application Questions

The answers to the questions below will determine your qualifying method.

For additional instructions for applicants for licensure, visit our website at: <http://www.bvnpt.ca.gov/licensing/forms.shtml>
Answer the questions and press "Next" to continue.
Press "Previous" to return to the previous section.
To save and exit this application, click on the "Cancel" button.

Have you received a combination of education and work experience?

All applicants living within California must submit their fingerprints through live scan and provide the complete live scan request form with their application. Applicants living outside of California **must** submit 2 fingerprint cards and the required processing fee.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application.

- DD214 or other supporting documentation.



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Application for Vocational Nurse Licensure by Exam - Name and

Your name must match **exactly** as it appears on your legal photo identification. If it does not, you will not be eligible for the exam.

Items with an asterisk (*) are required for the online application.

Press "Previous" to return to the previous screen.

Enter your personal details and Press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Title

First Name **JAYSON**

Middle Name

Last Name **REMIGIO**

Suffix

Social Security Number

Birthdate

fill up information

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Application for Vocational Nurse Licensure by Exam - Address Detail Summary

The following address types are mandatory. Please add these in order to continue.

- Address of Record

Press "Add" to add an optional or mandatory address.

Press "Previous" to return to the previous section.

Press "Next" when finished adding/changing addresses.

To save and exit this application, click on the "Cancel" button.

Once you are licensed, your address of record could be disclosed upon request.

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Application for Vocational Nurse Licensure by Exam - Add Address Details - Select Address Type

Please select the Address from the dropdown menu.

- Address of Record (Required)
- Residence Address (Optional, must not be a P.O. Box)

Select an address type from the drop-down list and press "Next". Press "Back" to return to the Address Detail Summary Screen.

select address of record

* Address Type Address of Record

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Application for Vocational Nurse Licensure by Exam - Add Address Details - Fill up information

When entering a non-U.S. address, select "Out of Country" from the "State" pull-down menu. Then enter your postal code in the format as required by your country's postal agency.

Include your email address.

Enter/Update your address, phone number and email address. Press "Back" to return the previous screen.

Fill up information

Address of Record

* Address

Apt. or Unit #

Address Continued

* City

* State California

* Zip Code

County United States

Country United States

Primary Phone Number

Extension

Email

Alternate Phone

When entering a non-U.S. address, please select "Out of Country State" from the "State" pull-down menu. Then enter your postal code in the format as required by your country's postal agency.

[Continue](#) [Back](#)



Application for Vocational Nurse Licensure by Exam - Address Detail Summary

Press "Add" to add an optional or mandatory address.
 Press "Previous" to return to the previous section.
 Press "Next" when finished adding/changing addresses.
 To save and exit this application, click on the "Cancel" button.

License Specific Addresses	
Address of Record	Address
	Alternate Phone

Once you are licensed, your address of record could be disclosed upon request.

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Application for Vocational Nurse Licensure by Exam - Education History Summary

- For graduates of California Approved Vocational Nursing Programs, official transcripts are not required. The school must provide, in a sealed school envelope:
 - A Record of Nursing Program form completed by the Program Director.
- If you are applying under Equivalent Education the school must provide, in a sealed school envelope:
 - Official transcripts for all courses;
 - A Record of Nursing Program form completed by the Program Director for all nursing courses.
- If you are reapplying for licensure, and your California license has been expired for more than 4 years, you do not have to resubmit your education and experience documents.
 - If you are applying under Equivalent Education and Experience you must fulfill the requirements in number 2 above, as well as:
 - An Employment Verification-Nursing Experience form completed by your RN Director or Supervisor submitted in your employer's sealed envelope; <http://www.bvnpt.ca.gov/>
 - An official transcript showing completion of 54 theory hours of Pharmacology.
 - If you are applying under Military Experience you must submit:
 - Copies of military service evaluations showing the dates of service, wards assigned and duties performed for each assignment. You must prove that you rendered at least 12 months of active duty bedside patient care.
 - Transcripts or "Certificate of Release or Discharge from Active Duty" (DD-214) showing completion of a basic course of instruction in nursing required by your particular branch of the armed forces.
 - DD-214 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.
 - If you are applying under Experience only, you must submit:
 - An Employment Verification-Nursing Experience form completed by your RN Director or Supervisor submitted in your employer's sealed envelope;
 - An official transcript showing completion of 54 theory hours of Pharmacology.

Press "Add" to add Education History.
 Press "Previous" to return to the previous section.
 Press "Next" when finished adding/changing Education History.
 To save and exit this application, click on the "Cancel" button.

Education Provider	Start Date	Expected Graduation Date	Graduation Date	Degree/Program	Actions

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Application for Vocational Nurse Licensure by Exam - Add Education History

You are required to enter the "Education Provider":

Graduate of a California Approved Vocational Nursing Program select your school from the dropdown menu. If your school is not listed in the Education Provider menu, select "Closed Program" and state the school name in the "Notes" section.

Equivalent Education:

- Out of State Graduates select your school code
- Foreign Graduates select your country code
- Failed Comprehensive Exit Exam select "RN Failure taking PN"

Equivalent Education and Experience select "RN Failure taking PN" from the dropdown menu.

4 Year California Expired License select "Re-Entry" from the dropdown menu

Military Experience select "Special Military Equivalency" from the dropdown menu.

Experience select "Equivalency" from the dropdown menu.

Press "Continue" when you have finished entering data.

Press "Cancel" to return to the previous screen.

Education Provider:

Start Date: (mm/dd/yyyy)

End Date: (mm/dd/yyyy)

Date of Graduation: (mm/dd/yyyy)

Degree:

Notes

select equivalency

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Application for Vocational Nurse Licensure by Exam - Education History Summary

1. For graduates of California Approved Vocational Nursing Programs, official transcripts are not required. The school must provide, in a sealed school envelope:

- A Record of Nursing Program form completed by the Program Director.

2. If you are applying under Equivalent Education the school must provide, in a sealed school envelope:

- Official transcripts for all courses;
- A Record of Nursing Program form completed by the Program Director for all nursing courses.

If you are reapplying for licensure, and your California license has been expired for more than 4 years, you do not have to resubmit your education and experience documents.

3. If you are applying under Equivalent Education and Experience you must fulfill the requirements in number 2 above, as well as:

- An Employment Verification-Nursing Experience form completed by your RN Director or Supervisor submitted in your employer's sealed envelope: <http://www.bvnpt.ca.gov/>
- An official transcript showing completion of 54 theory hours of Pharmacology.

4. If you are applying under Military Experience you must submit:

- Copies of military service evaluations showing the dates of service, wards assigned and duties performed for each assignment. You must prove that you rendered at least 12 months of **active duty bedside patient care**.
- Transcripts or "Certificate of Release or Discharge from Active Duty" (DD-214) showing completion of a basic course of instruction in nursing required by your particular branch of the armed forces.
- DD-214 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.

5. If you are applying under Experience only, you must submit:

- An Employment Verification-Nursing Experience form completed by your RN Director or Supervisor submitted in your employer's sealed envelope;
- An official transcript showing completion of 54 theory hours of Pharmacology.

Press "Add" to add Education History.

Press "Previous" to return to the previous section.

Press "Next" when finished adding/changing Education History.

To save and exit this application, click on the "Cancel" button.

Education Provider	Start Date	Expected Graduation Date	Graduation Date	Degree/Program	Actions
EQUIVALENCY, NON-MILITARY					Edit Delete

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Application for Vocational Nurse Licensure by Exam - Initial Application Questions - Information

Error

- The name of the High School is required
- City and State are required

Please answer the following general questions.
Items with an asterisk (*) are required.
Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
To save and exit this application, click on the "Cancel" button.

* Did you graduate from high school? Yes No
You must submit proof of completion of 12th grade or equivalent.

Name of high school:
City/State:

* Have you ever been licensed as a Vocational/Practical Nurse? Yes No
* Have you ever applied to this Board for licensure under a different name? Yes No
* Will documents be submitted under a different name? Yes No

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Application for Vocational Nurse Licensure by Exam - Record of Conviction(s) - Information

A conviction must be reported regardless of whether it was an infraction, misdemeanor, or felony.

You must report:

- Misdemeanors and felonies, regardless of the length of time that has passed since the conviction.
- Any conviction which has been expunged in accordance with Penal Code section 1203.4 or similar authority.
- Any offense for which you were imprisoned, placed on probation or fined.
- Any offense which occurred during your military service.
- Any offense for which the imposition or execution of sentence was suspended.
- Any offense for which an order of rehabilitation was entered.
- Any record of conviction which was expunged or for which a pardon was granted.
- Any pending criminal action or pending judgment and sentencing following entry of a plea or jury verdict.

You do not have to report:

- Any traffic violation for which the only sentence imposed was a fine of less than \$1,000 and the violation did not involve alcohol, dangerous drugs or controlled substances.
- Any conviction for violation of Health & Safety Code section 11357, subdivisions (b), (c), (e) or section 11360, subdivision (b), if the conviction occurred more than two years ago.
- Any incident for which the records have been sealed under Welfare and Institutions Code section 781 or Penal Code section 1203.45.
- Any juvenile conviction (one which occurred when you were under the age of 18) unless you were tried and convicted as an adult.

Press the "Edit" link to edit the record.
Press the "Remove" link to remove the record.
Press "Add" to add a new record.
Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
To save and exit this application, click on the "Cancel" button.

Have you ever been convicted of, or pled guilty or nolo contendere to, any offense including traffic violations in the United States or a foreign country?	Date of violation (mm/dd/yyyy)	City where violation occurred	State where violation occurred	Name of Court	Court Address	City	State	Zip Code	Dates of Imprisonment, if applicable	Amount of fine paid	Period of Probation	Con of Prot

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 certified 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.
- Any other evidence of rehabilitation you wish the board to consider.

Important note for exam applications: 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 renewed will not be made until you have passed the examination and the board has received all required conviction documentation.

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Application for Vocational Nurse Licensure by Exam - Record of Conviction(s) - Add

A conviction must be reported regardless of whether it was an infraction, misdemeanor, or felony.

You must report:

- **Misdemeanors and felonies**, regardless of the length of time that has passed since the conviction.
- Any conviction which has been **expunged** in accordance with Penal Code section 1203.4 or similar authority.
- Any offense for which you were **imprisoned, placed on probation or fined**.
- Any offense which occurred during your **military service**.
- Any offense for which the **imposition or execution of sentence was suspended**.
- Any offense for which an **order of rehabilitation** was entered.
- Any record of conviction which was **expunged** or for which a **pardon was granted**.
- Any **pending criminal action** or **pending judgment and sentencing** following entry of a plea or jury verdict.

You do not have to report:

- Any traffic violation for which the **only sentence imposed** was a fine of less than \$1,000 **and** the violation did not involve alcohol, dangerous drugs or controlled substances.
- Any conviction for violation of Health & Safety Code section 11357, subdivisions (b), (c), (e) or section 11360, subdivision (b), if the conviction occurred more than two years ago.
- Any incident for which the records have been sealed under Welfare and Institutions Code section 781 or Penal Code section 1203.45.
- Any juvenile conviction (one which occurred when you were under the age of 18) **unless you were tried and convicted as an adult**.

Press "Next" to save this record and continue.

Press "Cancel" if you do not want to save your changes.

- * Have you ever been convicted of, or pled guilty or nolo contendere to, any offense including traffic violations in the United States or a foreign country? Yes No

If you answered **yes** to the question above, 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 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 certified 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.
- Any other evidence of rehabilitation you wish the board to consider.

Important note for exam applications: 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.

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A conviction must be reported regardless of whether it was an infraction, misdemeanor, or felony.

You must report:

- **Misdemeanors and felonies**, regardless of the length of time that has passed since the conviction.
- Any conviction which has been **expunged** in accordance with Penal Code section 1203.4 or similar authority.
- Any offense for which you were **imprisoned, placed on probation or fined**.
- Any offense which occurred during your **military service**.
- Any offense for which the **imposition or execution of sentence was suspended**.
- Any offense for which an **order of rehabilitation** was entered.
- Any record of conviction which was **expunged** or for which a **pardon was granted**.
- Any **pending criminal action** or **pending judgment and sentencing** following entry of a plea or jury verdict.

You do not have to report:

- Any traffic violation for which the **only sentence imposed** was a fine of less than \$1,000 **and** the violation did not involve alcohol, dangerous drugs or controlled substances.
- Any conviction for violation of Health & Safety Code section 11357, subdivisions (b), (c), (e) or section 11360, subdivision (b), if the conviction occurred more than two years ago.
- Any incident for which the records have been sealed under Welfare and Institutions Code section 781 or Penal Code section 1203.45.
- Any juvenile conviction (one which occurred when you were under the age of 18) **unless you were tried and convicted as an adult**.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Have you ever been convicted of, or pled guilty or nolo contendere to, any offense including traffic violations in the United States or a foreign country?	Date of violation (mm/dd/yyyy)	City where violation occurred	State where violation occurred	Name of Court	Court Address	City	State	Zip Code	Dates of Imprisonment, if applicable	Amount of fine paid:	Period of Probation	Conviction of Prob
No												

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 certified 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.
- Any other evidence of rehabilitation you wish the board to consider.

Important note for exam applications: 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.

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Application for Vocational Nurse Licensure by Exam - Details of Other Licenses - Information

If a license has been suspended, revoked, placed on probation, or disciplined you **must** submit a copy of the disciplinary order for **each** action.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Are you or have you ever been licensed as a Psychiatric Technician, Practical, Vocational or Registered Nurse or any other healthcare professional in any state, territory or country?	State of licensure	License Type Held	License Number	Expiration Date (mm/dd/yyyy)	Name Used	Has this license ever been suspended, revoked, placed on probation, or disciplined?	Basis of action

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Application for Vocational Nurse Licensure by Exam - Details of Other Licenses - Add

If a license has been suspended, revoked, placed on probation, or disciplined you **must** submit a copy of the disciplinary order for **each** action.

Press "Next" to save this record and continue.

Press "Cancel" if you do not want to save your changes.

Are you or have you ever been licensed as a Psychiatric Technician, Practical, Vocational or Registered Nurse or any other healthcare professional in any state, territory or country? Yes No

If you answered yes to the question above, you must provide all of the information requested below for each license.

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Introduction	Application for Vocational Nurse Licensure by Exam - Details of Other Licenses - Information
Information Privacy Act	If a license has been suspended, revoked, placed on probation, or disciplined you must submit a copy of the disciplinary order for each action.
Transaction Suitability Questions	Press the "Edit" link to edit the record.
Application Questions	Press the "Remove" link to remove the record.
Name and Personal/Organization Details	Press "Add" to add a new record.
Contact Details	Press "Previous" to return to the previous section.
Education History	Enter appropriate details and press "Next" to continue.
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Are you or have you ever been licensed as a Psychiatric Technician, Practical, Vocational or Registered Nurse or any other healthcare professional in any state, territory or country?	State of licensure	License Type Held	License Number	Expiration Date (mm/dd/yyyy)	Name Used	Has this license ever been suspended, revoked, placed on probation, or disciplined?	Basis of action
No							

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Introduction	Application for Vocational Nurse Licensure by Exam - Vocational Nursing Application Questions - Information
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Enter appropriate details and press "Next" to continue.
Application Questions	To save and exit this application, click on the "Cancel" button.
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* Did you attend a Vocational/Practical Nursing program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Did you attend a Registered Nursing program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Have you ever been licensed as a Registered Nurse?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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Application for Vocational Nurse Licensure by Exam - Record of Nursing Experience - Information

List all nursing experience for the past 10 years for which you will be submitting verification of employment. It is the applicant's responsibility to contact each employer and provide them with a copy of the Employment Verification - Nursing Experience form for completion. A copy of the form is located at: http://www.bvnpt.ca.gov/general_information/forms_publications.shtml.

The Employment Verification - Nursing Experience form must be completed by your employer and submitted in your employer's sealed envelope.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

What is the name of the Hospital, Registry or Health Agency?	Provide the address of the facility	Name of RN Director or Supervisor	What was your name while employed at this facility?	Type of Duty:	Type of Patient Care	If you selected other, please provide a description	Employment From Date (mm/dd/yyyy)	Employment To Date (mm/dd/yyyy)
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Add **Previous** **Next** **Cancel**

Application for Vocational Nurse Licensure by Exam - Record of Nursing Experience - Add

List all nursing experience for the past 10 years for which you will be submitting verification of employment. It is the applicant's responsibility to contact each employer and provide them with a copy of the Employment Verification - Nursing Experience form for completion. A copy of the form is located at: http://www.bvnpt.ca.gov/general_information/forms_publications.shtml.

The Employment Verification - Nursing Experience form must be completed by your employer and submitted in your employer's sealed envelope.

Press the "Edit" link to edit this record and continue.

Press the "Remove" link to remove this record if you do not want to save your changes.

nurse who will be signing your employment verification form

select general

if you work in multiple areas

Name of the Hospital, Registry or Health Agency: _____

Provide the address of the facility: _____

Name of RN Director or Supervisor: _____

What was your name while employed at this facility? _____

Type of Duty: **General** ▼

Select "Other" if multiple areas of care apply.

Type of Patient Care: **Other** ▼

If you selected other, please provide a description: **Medical/Surgical
Pediatric
Maternity or Genitourinary**

Employment From Date: _____ (mm/dd/yyyy)

Employment To Date: _____ (mm/dd/yyyy)

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Application for Vocational Nurse Licensure by Exam - Attachments

You may attach more than 1 document to your application. To do so, use the "Attach" button each time to add a new document. You will not be able to submit any additional documents online after submitting this application.

The following documents can be attached to this application or mailed to the BVNPT directly:

1. A current 2" x 2" front view, head and shoulder photograph of yourself;
2. Proof of completion of the 12th grade or equivalent
 - Copy of high school diploma/transcripts, GED certificate, or Associate/Bachelor Degree is acceptable.
3. Military documents as mentioned in the "Education History" tab;
4. A **signed and dated** detailed statement, in your own words, explaining **each** criminal violation, if additional space was necessary above;
5. Any evidence of rehabilitation related to criminal violations, **excluding** certified court/law enforcement documents;
6. Disciplinary order for any action taken against any additional licenses;
7. A **signed and dated** detailed statement, in your own words, explaining the basis for each disciplinary order, if additional space was necessary above;
8. A copy of the completed live scan form, if applicable. A Request for Live Scan Service form is available at http://www.bvnpt.ca.gov/general_information/forms_publications.shtml

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

read for instructions

File Name: No file chosen

Notes:

The following documents **must be mailed** directly to the Board and **will not** be accepted as attachments to the online application:

1. If applicable - Sealed official documents as mentioned in the "Education History" tab;
2. If applicable - Two completed fingerprint cards for non-California residents;
3. If applicable - **Certified** court documents (obtained directly from the court), for criminal offenses;
4. If applicable - **Certified** law enforcement report (obtained directly from the police, sheriff, or CHP), for criminal offenses.

BVNPT contact information can be found at: <http://www.bvnpt.ca.gov/contact.shtml>

Ensure that all of the files you attached are displayed in the **Files Uploaded** list above.

[Attach](#) [Previous](#) [Next](#) [Cancel](#)

Once you agree to the "Attestation" on the next screen, you will not be able to make changes to this online application.

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