



**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
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## **TELECONFERENCE AD HOC COMMITTEE MEETING NOTICE AND AGENDA**

**Tuesday, January 23, 2018**

Department of Consumer Affairs  
2005 Evergreen Street  
Donner Lake Room  
Sacramento, CA 95815  
(916) 263-2294

Loma Linda University  
Nichol Hall, Room A909  
24951 N. Circle Drive  
Loma Linda, CA 92350  
(909) 558-4628

Santa Ana College  
1530 West 17th Street  
Room T-209  
Santa Ana, CA 92706  
(714) 564-6833

Grossmont College  
Building 34, Room 250  
8800 Grossmont College Drive  
El Cajon, CA 92020  
(619) 644-7307

### **1:00 pm – Field Work Ad Hoc Committee Meeting**

Public comments will be taken on agenda items at the time the item is heard and prior to the Ad Hoc Committee taking any action on said items. Agenda items may be taken out of order and total time allocated for public comment on particular issues may be limited at the discretion of the Committee Chairperson. A quorum of the Board may be present at this meeting. Board members who are not members of the Committee, however, may observe, but may not participate or vote.

1. Call to order, roll call and establishment of a quorum.
2. Introduction of Committee members.
3. Public Comment session for items not on the agenda.  
The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a))
4. Review and approval of the December 11, 2017, Field Work Ad Hoc Committee meeting minutes.
5. Discussion and exploration of alternative approaches to increasing the availability of fieldwork sites in California for students completing academic requirements for licensure (Business and Professions Code section 2570.6). Consideration of possible recommendations to the Board.
6. Adjournment.

Public comments will be taken on agenda items at the time the item is heard. Discussion and action may be taken on any item listed on the agenda. Agenda items may be taken out of order for convenience, to accommodate speakers, or to maintain a quorum.

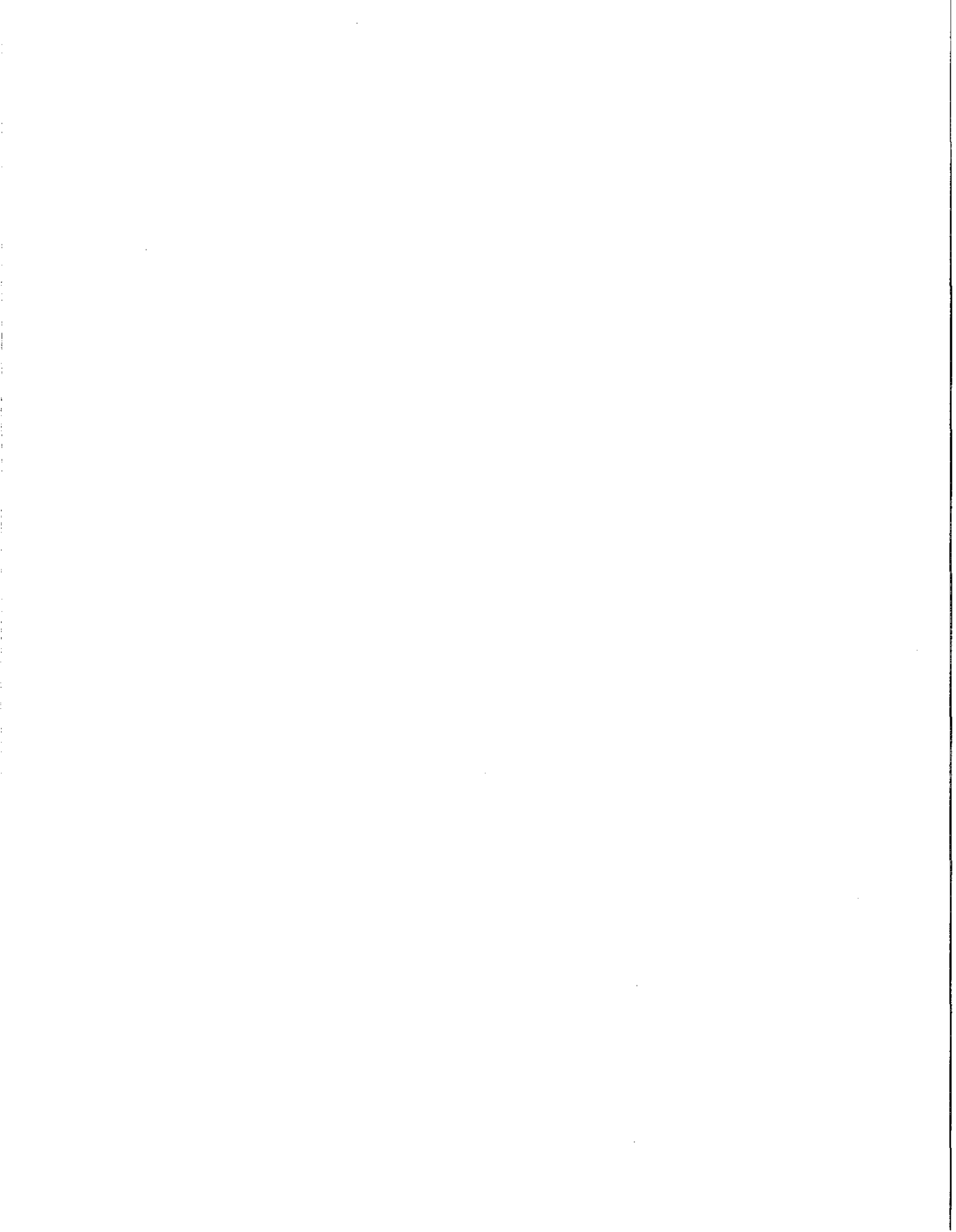
In the event a quorum of the committee is unable to attend the meeting, or the committee is unable to maintain a quorum once the meeting is called to order, the chair of the meeting may, at his or her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting.

Meetings of the California Board of Occupational Therapy and its committees are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act.

An opportunity for public comment is provided for each open agenda item. For further information on this meeting and agenda, contact Jody Quesada at (916) 263-2294 or submit a written request to her at 2005 Evergreen Street, Suite 2250, Sacramento, California, 95815.

The meeting, including all teleconference locations, is accessible to the physically disabled. A person who needs disability related accommodations or modifications in order to participate in the meeting shall make a request to Jody Quesada at (916) 263-2294 or by mailing a written request to 2005 Evergreen Street, Suite 2250, Sacramento, California, 95815.

Providing at least five working days' notice before the meeting will help ensure the availability of accommodations or modifications. This agenda can be found at the Board's website at: [www.bot.ca.gov](http://www.bot.ca.gov).





## TELECONFERENCE AD HOC COMMITTEE MEETING MINUTES

Monday, December 11, 2017

### Committee Members Present

Sharon Pavlovich, Chair/OTA  
Jeff Ferro, Public Board Member  
Matt Lege, SEIU-UHW  
Ada Boone Hoerl, OTA, Program Director, Sacramento City College  
Joyce Fries, OT, Academic Fieldwork Coordinator, Grossmont College  
Michelle Parolise, OT, Program Director, Santa Ana College

### Board Staff Present

Heather Martin, Executive Officer  
Jody Quesada, Analyst

### **1. Call to order, roll call and establishment of a quorum.**

Committee Chair Sharon Pavlovich called the meeting to order at 2:02 pm and contact was made with all teleconference locations. Roll was called and a quorum was established.

### **2. Introduction of Committee members.**

Committee Chair Sharon Pavlovich introduced all committee members and welcomed any member of the public to introduce themselves at will.

### **3. Public Comment session for items not on the agenda.**

There was no public comment.

### **4. Discussion and exploration of alternative approaches to increasing the availability of fieldwork sites in California for students completing academic requirements for licensure (Business and Professions Code section 2570.6). Consideration of possible recommendations to the Board.**

Chair Sharon Pavlovich provided background on the purpose of the fieldwork Ad Hoc committee. This prompted a brainstorm type discussion on the current fieldwork models for occupational therapists (OTs) and the occupational therapy assistants (OTAs), and the Board's direction to explore the possibility of alternative fieldwork models and what those alternatives might look like.

Ada Boone Hoerl referenced an email from the American Occupational Therapy Association (AOTA) regarding the upcoming educational standards being revised for a third time. Ms. Boone Hoerl expressed her excitement to discuss alternatives but

cautioned the committee to be mindful of forward planning considering the draft standards could be changed again before becoming final.

Matt Lege stated that SEIU-UHW is encountering more anecdotal evidence in the Allied Health arena that shows clinical sites are requiring some form of compensation for placing students, which is putting public universities at a disadvantage in finding clinical placement sites for their students. Mr. Lege encouraged the Board to realize that this could cut off the pathway for public students in to these great careers because public institutions are not able to compete with private institutions in placing their students.

Mr. Lege stated that an apprenticeship requires a partnership between employers, labor groups and educational institutions. Mr. Lege stated that apprenticeship programs have been successful in guaranteeing clinical placements that have produced successful students.

Jeff Ferro stated that it became apparent to him that there needs to be a solution to the ever-shrinking number of fieldwork placement spots, which is why he suggested consideration of the apprenticeship model to the Board. Mr. Ferro stated that as a member of the Board he understands and agrees that the apprenticeship model cannot be done at the expense of the consumer and his main concerns are how to get an apprentice or intern's work billed and how to incentivize the employers to take some of their profit and put it back in to educating the future. Mr. Ferro said that the goal should be to find a way to get people trained, to be diverse and to allow people of all income levels to be participate in this occupation.

Michelle Parolise asked for clarification on the apprentice selection process that potential employers would use.

Matt Lege and Jeff Ferro explained that in their experience there are interview processes run by employers as well as application submission and aptitude testing of which the most qualified are chosen.

Chairperson Sharon Pavlovich asked the practitioner committee members for feedback as to how the existing fieldwork placement model is working at their respective schools.

Ada Boone Hoerl stated the existing model is not working because supply (of available fieldwork sites) is not meeting demand. Ms. Boone Hoerl referenced AOTA's Ad Hoc Committee report on Fieldwork in which the proposed solution includes reducing the amount of fieldwork required. Ms. Boone Hoerl stated that the model proposed by AOTA has innovative, good ideas but these ideas do not substitute for direct patient contact. Ms. Boone Hoerl stated that creating a future with multiple options may be the answer.

Michelle Parolise agreed with Ms. Boone Hoerl on creating multiple options and that simulation does not meet the needs of direct patient contact.

Ms. Parolise and Santa Ana College Fieldwork Coordinator Deborah Hyman spoke of the successful faculty led partnership that Santa Ana College forged with California State University, Dominguez Hills for Level I fieldwork students. Ms. Hyman indicated that while time consuming for her as the faculty member that volunteers to run the clinic,

it is still easier than trying to place each individual student. Ms. Hyman remarked that the students gain invaluable experience in working with the developmentally disabled population and participating in the OT to OTA working relationship during their fieldwork. Ms. Parolise said that Santa Ana College would like to expand this model to include Level II fieldwork, however, there is not enough staff to do so.

Joyce Fries stated that the OTA program at Grossmont College admits 26 students per year and is currently able to place all Level I students, however, she is facing increasing difficulty placing Level II students. Ms. Fries said there have been times that she has worked through her summer to make sure each Level II student is placed.

Conversation ensued regarding the process of being able to place fieldwork students in some of the larger hospitals. It was reported that some of those well-known hospitals use the Nursing Consortium in Southern California for vetting and placement of students completing their fieldwork.

Chairperson Pavlovich mentioned that the fieldwork coordinator at Loma Linda University relayed information to her regarding the Ed Summit in Texas that used a model that set up clinics in the community at which students completed their fieldwork.

Ada Boone Hoerl recalled the mention of offering a financial incentive for employers/industry partners whom participate in an apprenticeship program. Ms. Boone Hoerl asked for clarification on that point because she felt it might help reduce some of the legislative resistance. Ms. Boone Hoerl stated that Sacramento City college would love to participate in community based clinics but the amount of grant funding and personnel to get that off the ground and sustain it is cost prohibitive for a public school.

Jeff Ferro and Matt Lege pointed out that there are several potential funding streams available through state and federal government. Committee members were referred to meeting materials which provided information about various apprenticeship funding sources. Information was also provided about past funding by the California Community Colleges Chancellor's Office with the intent to increase the capacity of their nursing programs and ultimately, increasing the number of licensed nurses; funding was provided for expansion of RN programs as well as to address pre-entry preparation and support student retention.

Matt Lege stated that without a drastic change to incentivize employers, the Board's mandate to protect the public from harm will be in jeopardy because there will not be enough competent, well trained, diversified practitioners.

Joyce Fries asked if there are any current health care related apprenticeship programs?

Matt Lege stated that there are currently apprenticeship programs for psychiatric technicians and an LVN to RN program; there is also a medical coder apprenticeship program. Mr. Lege said that SEIU/UHW just completed a training program for medical assistants that will be registered in the next year or so.

Executive Officer Heather Martin recalled that the current apprenticeship model is typically around 2000 hours of classroom instruction and as competencies are passed

in an area, classroom instruction decreases and on the job training increases. Ms. Martin stated her belief that if the Board chose to utilize apprenticeship as one of the alternatives, the legislation could be crafted in a way that could mesh the apprenticeship education requirements with the current educational requirements required by the Accreditation Council for Occupational Therapy Education (ACOTE), enabling students to be eligible to sit for the exam in the end.

Chairperson Sharon Pavlovich asked what recommendations could be made to Board staff in order to facilitate a follow up meeting.

The recommendations are as follows:

- Information on Casa Colina residency
- Information on reimbursement sources/rates and the incentive to the employers.
- Information on whether billing for services provided by students is acceptable in the various health care settings.
- Why did a facility agree to a residency program this early? Was it a more cost-effective model? Did it eliminate logistical problems in placement? What was the incentive?
- Are there any available resources (current apprentice programs) that have the apprentice process outlined and documented?
- Are there OT Boards in other states that have provisional or limited licenses received after didactic and before fieldwork?

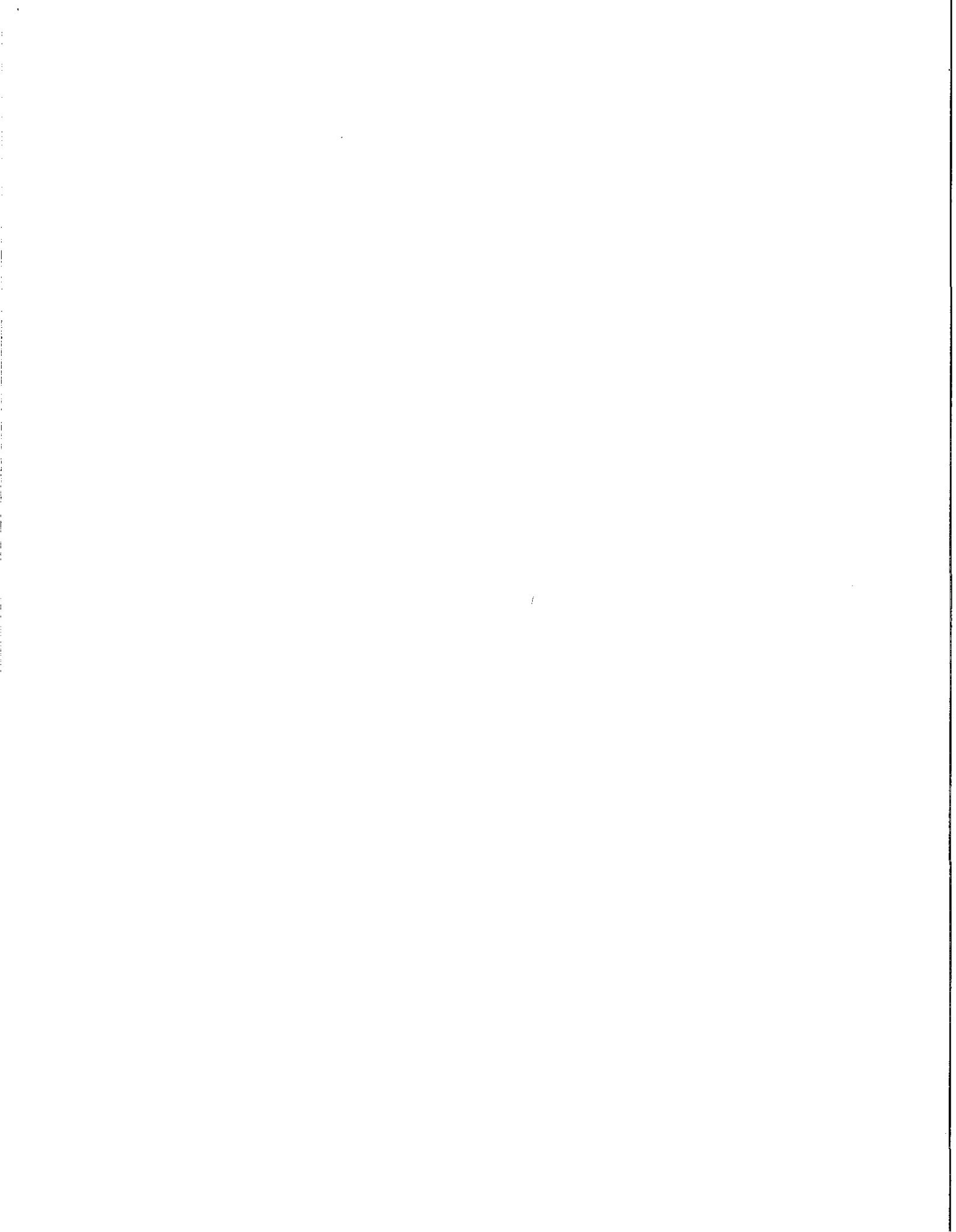
Chairperson Pavlovich asked for any additional comments from committee members and the public.

There were no additional comments. Ms. Martin indicated that a Doodle poll would be sent to all committee members to identify a future committee meeting date, preferably prior the February 8<sup>th</sup> Board meeting.

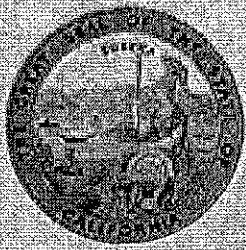
Ms. Pavlovich thanked all in attendance for their time and participation.

## **5. Adjournment.**

The meeting adjourned at 3:46 pm.

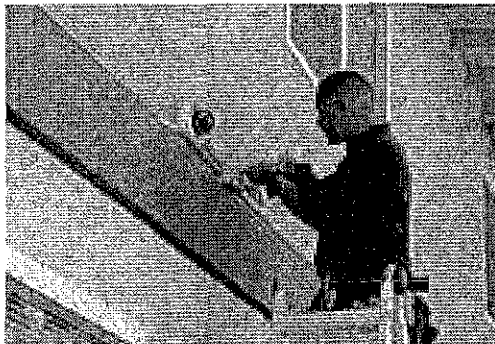
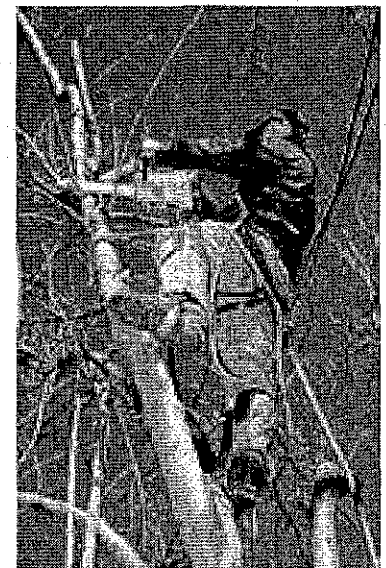






# JOBS FOR CALIFORNIANS: STRATEGIES TO EASE OCCUPATIONAL LICENSING BARRIERS

REPORT #234, October 2016



**LITTLE HOOVER COMMISSION**

*DEDICATED TO PROMOTING ECONOMY AND  
EFFICIENCY IN CALIFORNIA STATE GOVERNMENT*

## Little Hoover Commission

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*Chairman*

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*Vice Chairman*

Scott Barnett

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Jonathan Shapiro

Janna Sidley

Helen Torres

Sean Varner

### Former Commissioners Who Served During The Study

Loren Kaye\*

David Schwarz\*

Sumi Sousa

† Served as subcommittee chair

\* Served on study subcommittee

### Commission Staff

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*Executive Director*

Jim Wasserman  
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*Intern*

Aleksander Klimek  
*Intern*

## To Promote Economy and Efficiency

The Little Hoover Commission, formally known as the Milton Marks "Little Hoover" Commission on California State Government Organization and Economy, is an independent state oversight agency.

By statute, the Commission is a bipartisan board composed of five public members appointed by the governor, four public members appointed by the Legislature, two senators and two assemblymembers.

In creating the Commission in 1962, the Legislature declared its purpose:

*...to secure assistance for the Governor and itself in promoting economy, efficiency and improved services in the transaction of the public business in the various departments, agencies and instrumentalities of the executive branch of the state government, and in making the operation of all state departments, agencies and instrumentalities, and all expenditures of public funds, more directly responsive to the wishes of the people as expressed by their elected representatives...*

The Commission fulfills this charge by listening to the public, consulting with the experts and conferring with the wise. In the course of its investigations, the Commission typically empanels advisory committees, conducts public hearings and visits government operations in action.

Its conclusions are submitted to the Governor and the Legislature for their consideration. Recommendations often take the form of legislation, which the Commission supports through the legislative process.

### Contacting the Commission

All correspondence should be addressed to the Commission Office:

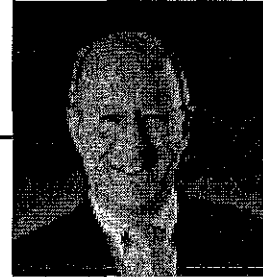
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This report is available from the Commission's website at [www.lhc.ca.gov](http://www.lhc.ca.gov).

## LETTER FROM THE CHAIR

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October 4, 2016



The Honorable Edmund G. Brown, Jr.  
Governor, State of California

The Honorable Kevin de León  
President pro Tempore of the Senate  
and members of the Senate

The Honorable Anthony Rendon  
Speaker of the Assembly  
and members of the Assembly

The Honorable Jean Fuller  
Senate Minority Leader

The Honorable Chad Mayes  
Assembly Minority Leader

Dear Governor and Members of the Legislature:

One out of every five Californians must receive permission from the government to work. For millions of Californians, that means contending with the hurdles of becoming licensed. Sixty years ago the number needing licenses nationally was one in 20. What has changed? What once was a tool for consumer protection, particularly in the healing arts professions, is now a vehicle to promote a multitude of other goals. These include professionalism of occupations, standardization of services, a guarantee of quality and a means of limiting competition among practitioners, among others. Many of these goals, though usually well intentioned, have had a larger impact of preventing Californians from working, particularly harder-to-employ groups such as former offenders and those trained or educated outside of California, including veterans, military spouses and foreign-trained workers.

In its study on occupational licensing, the Commission sought to learn whether the state properly balances consumer protection with ensuring that Californians have adequate access to jobs and services. It learned the state is not always maintaining this balance, as evidenced by discrepancies in requirements for jobs that pose similar risks to the consumer. Manicurists, for example, must complete at least 400 hours of education, which can cost thousands of dollars, and take a written and practical exam before becoming licensed. In contrast, tattoo artists simply register with their county's public health department and take an annual bloodborne pathogens class, which can be completed online for \$25.

The effects of occupational licensing extend well beyond people encountering hurdles to entering an occupation, the Commission learned. When government limits the supply of providers, the cost of services goes up. Those with limited means have a harder time accessing those services. Consequently, occupational licensing hurts those at the bottom of the economic ladder twice: first by imposing significant costs on them should they try to enter a licensed occupation and second by pricing the services provided by licensed professionals out of reach. The Commission found that over time, California has enacted a thicket of occupational regulation that desperately needs untangling in order to ease barriers to entering occupations and ensure services are available to consumers of all income levels.

Fortunately, there is an effort underway to review licensing laws and adopt evidence-based approaches to consumer protection: The White House is providing \$7.5 million in grant funding for a consortium of states to assess whether their current levels of occupational regulation are appropriate.

California should be part of this effort. Additionally, the state should consider the impact of licensing on groups disproportionately harmed by these regulations, including:

- **Former offenders.** Witnesses testified there is no evidence demonstrating that having a criminal record is related to providing low quality services. Unnecessary restrictions on criminal convictions simply punish again people who have already served their time.
- **Military spouses.** When military spouses cannot transfer their licenses across state lines due to state restrictions, they spend precious time and resources re-completing requirements they already have, or taking, in all likelihood, a lower-paying, lower-skilled job. Married service members overwhelmingly report their spouse's ability to maintain a career affects their decision to remain in the military.
- **Veterans.** Veterans often face difficulty transferring their military education and experience into civilian licensing requirements. Sometimes they must repeat these requirements for a job they have been performing for years. Taxpayers then pay twice for them to learn the same set of skills: once while in the military and again through the G.I. Bill.
- **Foreign-trained workers.** Like veterans, foreign-trained workers often have difficulty translating their education and experience into state licensing requirements and often take lower-skilled jobs instead. With worker shortages looming in mid- and high-skilled professions, the state should embrace these workers instead of erecting barriers to keep them out of jobs.

Examining and assessing California's occupational regulations does not mean stripping consumer protection. Rather, experts should consider whether the current level of regulation strikes the appropriate balance between protecting consumers and limiting access to occupations and services.

California once tried an ambitious restructuring of its boards and commissions, including many licensing boards, as part of the 2004 California Performance Review. Governor Arnold Schwarzenegger, informed by the work of the California Performance Review, sent a Governor's Reorganization Plan to the Little Hoover Commission in January 2005 that went far beyond a review of occupational regulation: It was a complete overhaul of the state's boards and commissions. Facing insurmountable hurdles, Governor Schwarzenegger withdrew the plan from consideration a month later. No comprehensive attempts at reform have occurred since.

By participating in a more focused review of occupational regulation, potentially subsidized and supported by the federal government, by beginning reforms where the barriers are egregious and worker shortages loom, and by taking action based on the recommendations of independent experts, the state can avoid repeating the errors of the past and position itself to make a long-term difference for Californians.

The Commission respectfully submits these findings and recommendations and stands prepared to help you take on this challenge.

Sincerely,



**Pedro Nava**  
Chair, Little Hoover Commission

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## EXECUTIVE SUMMARY

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Californians rely on occupational regulation to protect them. Doctors must prove proficiency in medical knowledge before they treat patients. Electricians must demonstrate they know their trade before they wire a house. Yet for all these important protections, there is a flip side of occupational licensing: The requirements to prove proficiency often serve as a gate, keeping people out of occupations.

Licensing is more stringent than other types of occupational regulation because not being able to obtain a license means someone cannot practice the profession. Certification or registration allows practitioners to demonstrate they meet certain standards of quality or allows the state to know certain types of businesses are operating without barring people from the occupation.

### Since Statehood: A Jumble of Licensing Politics

When the Commission began its study on occupational licensing in California, it aimed to learn whether the State of California is striking the appropriate balance between protecting consumers and erecting barriers to entry into occupations. It found more than 165 years of accumulated regulations creating a nearly impenetrable thicket of bureaucracy for Californians. No one could give the Commission a list of all the licensed occupations in California. Licensing is heavily concentrated within the Department of Consumer Affairs, but it also is scattered throughout other government departments and agencies. Want to become a registered nurse? Go to the Board of Registered Nursing. Want to become a licensed vocational nurse? Go to the Board of Vocational Nursing and Psychiatric Technicians. Want to become a certified nursing assistant? Go to the Department of Public Health.

The Commission found that the licensing boards within the Department of Consumer Affairs are semi-autonomous, governed by a rulemaking process. But their considerable autonomy results in no holistic vision on how occupations should be regulated in California. Licensing authorities under the Department of Consumer Affairs undergo a sunset review process every four years to determine whether the authority is best serving Californians. If not, legislative fixes are made or the licensing authority is dissolved. But even when a licensing authority is disbanded it may not be gone for good. When the Legislature eliminated the Board of Barbering and Cosmetology in 1997, Senator Richard Polanco resurrected it with legislation in 2002.

This is the heart of problems the Commission found with occupational licensing: The process often is a political activity instead of a thoughtful examination of how best to protect consumers. Multiple witnesses told the Commission that consumers are not key players in creating and governing licensing regulations, even though the regulations are ostensibly made in their interest. Occupational licensing is not about consumers going to the Legislature and asking for protection, said one witness. It is about practitioners telling legislators that consumers need to be protected from them. Substantial benefits accrue to practitioners of licensed occupations. Working in occupations licensed in some, but not all, states raises wages by 5 percent to 8 percent. Working in occupations licensed in all states drives up wages by 10 percent to 15 percent, witnesses told the Commission.

### Effects of Licensing on Consumer Prices

It stands to reason that if wages within licensed professions increase, so will costs to consumers. Witnesses shared research showing that, depending on occupation, instituting licenses raised consumer

prices by 5 percent to 33 percent. One Commission witness estimated that licensing costs consumers more than \$200 billion a year nationally. Meanwhile, there is not necessarily a corresponding increase in consumer safety due to licensing. Researchers reported to the Commission that for many occupations, bad outcomes did not increase when licensing restrictions were relaxed to make it easier to enter those occupations.

## Some Groups are More Vulnerable to Licensing Regulations

The Commission learned that certain groups are especially vulnerable to licensing regulations:

- **Former offenders** must withstand scrutiny that is not always straightforward and typically have no advance guidance on whether a conviction will disqualify them from an occupation.
- **Military spouses** can spend a year or two recompleting requirements to meet California-specific regulations for a job they have practiced for years in other states. By the time they become licensed in California, their spouse is soon transferred to a new state.
- **Veterans**, too, often have to redo education and training that taxpayers already paid for while they were in the military. The state has enacted many bills to make it easier for veterans to become licensed. But that legislation has gaps: it is predominately directed at the Department of Consumer Affairs and not other licensing authorities, and no one tracks implementation.
- **Foreign-trained workers**, particularly bilingual professionals, are well suited to ease California's impending worker shortages. But they face many of the same obstacles as veterans: their education and experience abroad is difficult to apply to state licensing requirements.

## Legitimate Arguments for Licensing

It would be unfair to characterize all attempts to license an occupation as a means to artificially inflate wages for licensed practitioners. Witnesses made compelling arguments to the Commission about why their

occupations should be licensed. Commercial interior designers, for example often do building code-impacted design work – moving walls that entail electrical, lighting, HVAC and other changes. They design the layout of prisons, where the safety of correctional officers and inmates is on the line. Even though the people performing this commercial work typically have extensive educational and work experience, city and county inspectors do not recognize their unlicensed voluntary credentials. Architects or engineers must sign off on their plans, resulting in time and cost delays.

Other advocates see licensing as a vehicle to professionalize an occupation. This is particularly true of low-wage caretaker occupations, often practiced by minorities. Licensing presents opportunities for practitioners to offer government-guaranteed quality of care in return for being treated like professionals.

Finally, many pleas for the health and safety benefits of licensing are, indeed, genuine. Different people are willing to accept different degrees of risk. As long as humans are allowed to practice an occupation, there will be human errors and bad outcomes. Stricter levels of regulation often will reduce, but never completely eliminate, those errors and outcomes. Where is the line for acceptable risk? One person might be comfortable with *caveat emptor*, while another might see a consumer threat that must be regulated.

## California Needs a Holistic Regulatory Strategy

California needs a holistic well-reasoned strategy for regulating occupations. The specific details of who can and cannot practice will vary by occupation. But the underlying principles of what level of consumer protection the state hopes to achieve – and how difficult or easy it should be to enter occupations – should be set by state policymakers and implemented across all occupations. The Commission offers eight recommendations as guiding principles and a way forward. The first four recommendations address systemic issues in how California licenses occupations and governs its regulatory process. The last four recommendations offer ways to make it easier to enter licensed occupations without overhauling California's licensing structure or lowering standards.



## Recommendations

### Data Collection

It is difficult to assess the impact of licensing regulations on various demographic groups because no one collects demographic data for people who work in many licensed occupations or apply for licenses. Anecdotal reports say minorities are often negatively and disproportionately affected by licensing regulations. But without demographic information it is impossible to know for sure.

The Commission recommends collecting demographic information on licensed workers and applicants so policymakers better understand the impact of regulations on different groups of Californians. Yet safeguards must accompany the collection and analysis of demographic data. Race or gender should not be part of information officials consider when deciding to issue a license or when making disciplinary decisions. Demographic data will have to be tied to specific applicants in order to understand outcomes, such as whether they are issued a license or what reason they were denied. Modifying multiple IT systems used by licensing authorities to ensure this information is not visible to licensing and enforcement personnel will come with costs. The Legislature should ensure the department receives the funds necessary for this enterprise. Finally, supplying this demographic information should be voluntary, and not a requirement for licensure.

***Recommendation 1: The Legislature should authorize the mandatory collection of demographic information for license applications across all licensed occupations in California, including those outside of the Department of Consumer Affairs. This demographic information should not be made available to staff members issuing licenses or conducting enforcement actions, but should be studied in the aggregate to determine the impact of licensing requirements on various demographic groups.***

### Comprehensive Licensing Review

California has created occupational licensing regulations for more than 165 years. It is long past time for a comprehensive review of these accumulated rules to determine whether gains for consumer health and safety justify the barriers they present to entering occupations.

This review should specifically analyze barriers to former offenders, military spouses, veterans and people with education, training or experience outside California. Federal funding exists to perform this analysis and California is invited to participate in a consortium applying for this funding. California should not pass up the opportunity.

***Recommendation 2: The State of California should join a consortium of states organizing to attain federal funding to review their licensing requirements and determine whether those requirements are overly broad or burdensome to labor market entry or labor mobility. As part of this process, the state should consider whether there are alternative regulatory approaches that might be adequate to protect public health and safety, including, but not limited to, professional certification.***

### Reciprocity

License transferability across state lines is important to people who need immediately to begin working following a move to California. It is particularly important to military spouses, who move frequently. Licensing authorities should grant reciprocity to applicants licensed in other states. In occupations with dramatically differing requirements across the country, California should grant partial reciprocity to states with similar requirements as its own. California should start by assessing reciprocity in the occupations facing significant worker shortages, such as teachers and nurses. There may be some licenses for which California's standards are so unique that reciprocity is not an option, and in those cases, the licensing authority should justify why reciprocity or partial reciprocity is not feasible.

***Recommendation 3: The Legislature should require reciprocity for all professionals licensed in other states as the default, and through the existing sunset review process, require boards to justify why certain licenses should be excluded. Specifically, licensing boards should be required to:***

- Identify whether licensing requirements are the same or substantially different in other states.
- Grant partial reciprocity for professionals licensed in states with appropriately comparable testing and education requirements.

## Sunrise and Sunset Review

In the sunrise review process, a group trying to become licensed supplies the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions and Economic Development with evidence demonstrating that consumers are best protected by licensing the occupation in question. In the sunset review process, the two committees evaluate information submitted by the licensing authority to determine its performance and whether it still continues to present the best method of consumer protection. The committees will introduce legislative bills to fix problems found during the review.

Though the Commission was impressed with the professionalism and dedication of the business and professions committee staff, the two committees are inundated with information that they must verify and analyze in a relatively short period of time. Some have suggested that the state might benefit from the automatic sunset of licensing authorities periodically, perhaps every four or eight years. Licensing authorities and their performance would then be scrutinized by the entire Legislature when bills to reauthorize them were introduced – a more robust process than tasking the two committees with reviewing licensing authorities. Short of that, the Legislature should provide additional resources to enhance the committees' capacity to verify and analyze the information used in the sunrise and sunset reviews. It also should authorize audits when the business and professions committees deem necessary.

***Recommendation 4: The Legislature should provide additional resources, in the form of additional staff or outside support, to assist the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions and Economic Development in verifying and evaluating information for sunrise and sunset reviews. The Legislature should request the California State Auditor conduct an audit when warranted.***

## Former Offenders

Californians with convictions on their record face several challenges when trying to become licensed. Most licensing authorities do not list specific convictions that

automatically disqualify people. Those decisions are made on a case-by-case basis. This provides flexibility to allow people into occupations from which they might otherwise be excluded. Yet it also results in people investing time and money for education and training for occupations they might never be allowed to practice. The Commission recommends making publicly available the list of criteria by which applicants are evaluated. While it might not provide a firm answer to potential applicants on whether they will qualify, it will provide more information with which they can assess their educational decisions.

Applicants also sometimes face difficulty when asked to list their convictions. If significant time has passed since the conviction, if they had substance use disorders or mental health problems at the time or if they pled to a different charge than they remembered being arrested for, the convictions they list on their application might not match what returns on a background check. Even when this mistake is unintentional they can be disqualified for lying on their application. When criminal conviction history is required, the Commission recommends asking only for official records and not relying on applicants' memories. The Commission also urges expediting the background check fee waiver process so lower-income applicants can begin working sooner.

Applicants who are denied a license may engage in an appeals process, but many find it intimidating. Further, some licensing authorities rely on an administrative law hearing to process denials. The Commission learned that some applicants – particularly those who are legally unsophisticated or have lower levels of education – believe that the appeals process involves simply explaining the red flags on their application. Most are unprepared for an encounter with a judge and state attorney. The Commission recommends creating an intermediate appeals process where applicants can explain the problems with their application before encountering an administrative law hearing.

***Recommendation 5: With the Department of Consumer Affairs serving as a clearinghouse of best practices and providing guidance to other departments as needed, all licensing authorities should take the following steps to make it easier for former offenders to gain employment:***

- Post on their website the list of criteria used to evaluate applicants with criminal convictions so that potential applicants can be better informed about their possibilities of gaining licensure before investing time and resources into education, training and application fees.
- When background checks are necessary, follow the Department of Insurance model and require applicants with convictions to provide certified court documents instead of manually listing convictions. This will prevent license denials due to unintentional reporting errors. The State of California also should expedite the fee-waiver process for all low-income applicants requesting background checks.
- Follow the Bureau of Security and Investigative Services model and create an informal appeals process between an initial license denial and an administrative law hearing.

## Implementation of Veteran and Military Spouse Legislation

California has passed many laws to make it easier for veterans and military spouses to become licensed quickly and easily. These laws are summarized in the box to the right. Some of these laws have only just begun to take effect, and others, the Commission heard anecdotally, are not having the intended effects. Veterans and military spouses still face delays in receiving licenses. Helping veterans transition to civilian jobs has long been a goal of state policymakers. Military spouses' ability to get and hold jobs is important in retaining experienced military personnel: A U.S. Department of Defense witness testified that the military loses good people because of spouses having difficulty finding work, making it a national security issue. The Commission recommends that the Legislature authorize a research institute to study the implementation of laws designed to ease transitions of veterans and their spouses. The study should determine if they are being implemented effectively, identify how to bridge gaps between the intent of the legislation and current outcomes, and show how to better educate veterans and military spouses about these licensing benefits.

## RECENT VETERAN AND MILITARY SPOUSE LICENSING BILLS

These bills were designed to make it faster and easier for veterans and military spouses to become licensed. Some have only recently taken effect, while others, anecdotally, have not been as effective as lawmakers hoped. The Commission recommends a study on the implementation of these bills.

**SB 1226** (2014, Correa): Requires Department of Consumer Affairs (DCA) boards to expedite licensure of honorably-discharged veterans. Took effect July 1, 2016.

**AB 186** (2014, Malenschein): Requires DCA boards to issue 12-month temporary licenses to military spouses with out-of-state licenses for the following occupations: registered nurse, vocational nurse, psychiatric technician, speech-language pathologist, audiologist, veterinarian, all licenses issued by the Board for Professional Engineers, Land Surveyors and Geologists and all licenses issued by the Medical Board.

**AB 1057** (2013, Medina): Requires DCA boards to renew licenses that expire while an individual is on active duty without penalties or examination.

**AB 1588** (2012, Atkins): Requires DCA boards to waive renewal fees for licenses that expire while the practitioner is on active duty.

**AB 1904** (2012, Block): Requires DCA boards to expedite licensure for military spouses.

**AB 2462** (2012, Block et al.): Requires the Chancellor of the California Community College to determine which courses should receive credit for prior military experience, using the descriptors and recommendations provided by the American Council on Education.

**AB 2783** (2010, Salas et al.): Requires DCA boards to promulgate regulations to evaluate and credit military education, training, and experience if applicable to the profession.

**Recommendation 6:** *The Legislature should authorize a research institute, in conjunction with federal partners as needed, to study the implementation of recent legislation that requires the Department of Consumer Affairs to ease or waive licensing requirements for veterans and military spouses. The review should identify gaps between the intent of the laws and outcomes, and issue recommendations for executive or legislative action to bridge those gaps. The review also should assess the effectiveness of licensing authorities' outreach campaigns to inform veterans of their eligibility for expedited licensing.*

### Bridge Education

Many people who move to California meet most of the state's licensing requirements, but fall short on a few components. Few options exist for them to quickly make up those missing requirements. The state has created a promising model with its veteran field technician-to-nurse program, in which nursing programs lose authorization to teach nursing if they do not fast track veterans. The state should replicate this model for all veterans and those qualified outside California in other occupations. This should begin in occupations facing worker shortages.

**Recommendation 7:** *The Legislature should require California colleges and training academies to create bridge education programs for veterans and workers trained outside of California to help them quickly meet missing educational requirements. Specifically:*

- California licensing boards and other departments providing licenses and credentials should identify common educational gaps between the qualifications of returning service members and state licensing requirements.
- California colleges should create and offer programs to fill these gaps and expedite enrollment – or risk losing authorization for these programs.

### Interim Work and Apprenticeship Models

There are models to help people work while they are meeting California requirements for licensing or improving their skills to progress up a career path. In the California Teacher Credentialing Commission model, teachers licensed outside of California are allowed to work immediately, but must complete their missing requirements during the five years before their license needs to be renewed.

Additionally, the Department of Industrial Relations' Division of Apprenticeship Standards has a promising apprenticeship model. Individuals complete supervised hands-on training during apprenticeships and receive pay for the work they do. This model, applied as a bridge training program, would allow people to work and earn a living while completing missing requirements. It also would provide an income while training individuals wishing to improve their skills and education for upward mobility. The Legislature would have to adjust occupational practice acts to allow apprenticeships in some occupations. But since many of these occupations already allow or require student practicums, this represents a language change and not a shift in consumer protection.

**Recommendation 8:** *The State of California should develop interim work and apprenticeship models to provide opportunities for people missing certain qualifications to work while meeting their requirements, and to promote upward mobility within career paths.*

This bridge education model could be applied for other veteran employment categories, as well as for workers from outside California to rapidly complete missing requirements and begin working.

## The Apprenticeship Model

Though hundreds of years ago apprenticeships were gateways into the original guilds, which limited who could practice an occupation, today they represent an opportunity for inclusion into, instead of exclusion from, occupations. Instead of placing the burden of educational costs and training onto the job seeker, California’s apprenticeship model pays job seekers while they complete their education and training and gain the experience and skills necessary to thrive in their jobs.

California has the largest apprenticeship program in the United States.<sup>123</sup> Its programs, overseen by the Division of Apprenticeship Standards (DAS) within the Department of Industrial Relations, are created through partnerships between post-secondary educational institutions and employers. There is a minimum requirement of 144 hours of training in the classroom with one year of on-the-job training. Most programs last 3.5 years.<sup>124</sup> Employers can, on an individual basis, give credit for past experience, making apprenticeships a potential

option to efficiently integrate veterans and others trained outside of California into the workforce. Additionally, there are apprenticeships designed to integrate former offenders into the workforce – sometimes starting while the offender is still in prison, through the Prison Industry Authority. These often operate as pre-apprenticeship programs focusing on training, with the offender eligible to join an apprenticeship program upon release.<sup>125</sup>

Approximately 70 percent of California’s apprenticeships are in the construction industry.<sup>126</sup> The prevalence of construction apprenticeships likely can be attributed in part to California’s requirements that public works projects include apprenticeship programs.<sup>127</sup> Outside of construction there are not many apprenticeships in licensed industries, Department of Apprenticeship Standards officials reported. In some practice areas, particularly healthcare occupations, scope-of-practice restrictions prevent it, they said.<sup>128</sup> Learners still gain hands-on experience. For example, nursing students are required to have clinical experience, but in the current nursing school model, they pay for the practical learning experience. Whereas in an apprenticeship, learners would be paid for their time and work.

There is, however, a new pilot program in the California Health Care Facility in Stockton to create a pathway for 50 licensed vocational nurses (LVNs) to become registered

### WHATS IN A NAME? MAKING APPRENTICESHIP PROGRAMS ACCESSIBLE

The Little Hoover Commission has long advocated clarity and plain language in state job titles and program descriptions. Most recently, in its 2015 report on customer interactions with government, the Commission wrote, “Government can perhaps most easily improve the customer experience by changing the way it communicates with the public: being succinct, clear, accurate, precise, as well as approachable, and easy to find and understand.” In its 2014 report on civil service, the Commission detailed how job-seekers could not find state jobs by searching for commonly-used job titles, such as policy analyst. If they did not know the complicated language the state used for job titles, their state job search yielded zero results.

The Commission’s call for clear, easily-understandable communication applies to the state’s apprenticeship programs as well. The title of the state’s new “Earn and Learn” program is catchy, but it does not immediately convey that it is an apprenticeship program. The term often is used to describe youth job programs. Job-seekers would not be blamed for thinking that it might refer to a college grant or tuition reimbursement program, or a typical work-study program not designed to build skills for an upwardly mobile career path. “Earn and Learn” is an apprenticeship program. The first step in recruiting people to it is to call it what it is.

Sources: Little Hoover Commission, October 2015, A Customer-Centric Upgrade for California Government, Page 43. Also, Little Hoover Commission, February 2014, From Hiring to Retiring: Strategies for Modernizing State Human Resources, Page 14.

## NONPARTISAN AND BIPARTISAN SUPPORT FOR OCCUPATIONAL LICENSING REFORM

Support for occupational licensing reform can be found in nonpartisan think tanks as well as institutions that span the political spectrum. Below is a list of recent studies calling for states to reevaluate their occupational licensing policies:

Dick M. Carpenter II, Lisa Knepper, Angela C. Erickson. May 2012. [License to Work: A National Study on the Burdens of Occupational Licensing](#). Institute for Justice.

Kauffman Foundation. January 2012. [A License to Grow: Ending State, Local, and Some Federal Barriers to Innovation and Growth in Key Sectors of the U.S. Economy](#).

Morris M. Kleiner. January 2005. [Reforming Occupational Licensing Policies](#). The Brookings Institution Hamilton Project.

Michelle Natividad Rodriguez and Beth Avery. April 2016. [Unlicensed and Untapped: Removing Occupational Barriers to State Occupational Licenses for People with Records](#). National Employment Law Project.

Stephen Slivinski. February 2015. [Bootstraps Tangled in Red Tape](#). Goldwater Institute.

The White House. July 2015. [Occupational Licensing: A Framework for Policymakers](#).

nurses. In this apprenticeship program, called “Earn and Learn,” LVNs spend 20 hours a week in the classroom and 20 hours a week in hands-on training, and are paid for both the classroom and the practical portions. The demand to participate in this pilot program was overwhelming: Ninety-seven LVNs expressed interest in being chosen for one of the 50 spots.<sup>129</sup> This pilot program opens a path for upward mobility from a lower-paying occupation into a higher-paying profession, while also addressing some racial disparities. Statewide, 80 percent of LVNs are minorities, while only 33 percent of registered nurses are minorities.<sup>130</sup>

California’s apprenticeship programs are proving effective at reaching minorities. In 2014, 59 percent of the 53,000 Californians participating in apprenticeship programs were minorities.<sup>131</sup> The gender divide is bleaker: Women represented 5.3 percent of apprenticeship participants in 2014.<sup>132</sup> The concentration of apprenticeships within the construction sector explains a lot of the gender differentials, Department of Apprenticeship Standards officials said. They are working to counteract the inequity by promoting apprenticeships in other industries – and encouraging women to participate in construction apprenticeships.<sup>133</sup>

In April 2016, the Commission released a report on excess overtime for state healthcare personnel in state hospitals, correctional facilities, veterans’ homes and

developmental centers. It found that in 2014-15, state health professionals logged 3.75 million hours of overtime – at a cost to taxpayers of nearly \$179 million – often due to staffing shortages.<sup>134</sup> Instead of spending excessively on overtime, the state could better use the money to create apprenticeship programs within its own institutions. This would train a new generation of healthcare professionals to meet its staffing needs while helping more Californians move into better-paying jobs.

## Summary

Certain populations are more vulnerable to occupational licensing regulations than others. People with convictions on their records can face uncertainty in knowing whether they are eligible for the job in the first place, an application process that can seem arbitrary and confusing, and an intimidating appeals process. People who move across state lines face problems of licensing portability and may have to re-complete education or training. This is particularly challenging for military spouses who move more than most and may only have a limited amount of time at a new location. Veterans and foreign-trained workers face similar challenges in that their existing credentials may not be recognized by licensing authorities, or they may have completed most, but not all, of a state’s licensing requirements and there are no programs to help them quickly complete missing requirements and start working. Many laws have been passed to expedite

licensing for veterans and military spouses, but those laws primarily focus on occupations under the Department of Consumer Affairs and no one is tracking outcomes.

Though there should be a comprehensive review of California’s licensing statutes and regulations, there are many ways to help Californians start working quickly and more easily without overhauling California’s licensing system. Make the application process more transparent and straightforward. When conviction histories are needed, rely on background checks instead of applicants’ memories, and make the fee-waiver process more customer-friendly. Give applicants a chance to explain red flags on their application before proceeding with an administrative law hearing. Create bridge education programs to help those who are mostly qualified swiftly complete the gaps in their education. Allow interim licensing so those who come to California with other states’ qualifications can work under supervision while finishing California-specific requirements. Create apprenticeship programs to allow people to develop their skills through hands-on experience. California does not have to sacrifice consumer protection to make it easier for its residents to hold good jobs.

## Recommendations

**Recommendation 5: With the Department of Consumer Affairs serving as a clearinghouse of best practices and providing guidance to other departments as needed, all licensing authorities should take the following steps to make it easier for former offenders to gain employment:**

- Post on their website the list of criteria used to evaluate applicants with criminal convictions so that potential applicants can be better informed about their possibilities of gaining licensure before investing time and resources into education, training and application fees.
- When background checks are necessary, follow the Department of Insurance model and require applicants with convictions to provide certified court documents instead of manually listing convictions. This will prevent license denials due to unintentional reporting errors. The State of California also should expedite the fee-waiver process for all low-income applicants requesting background checks.

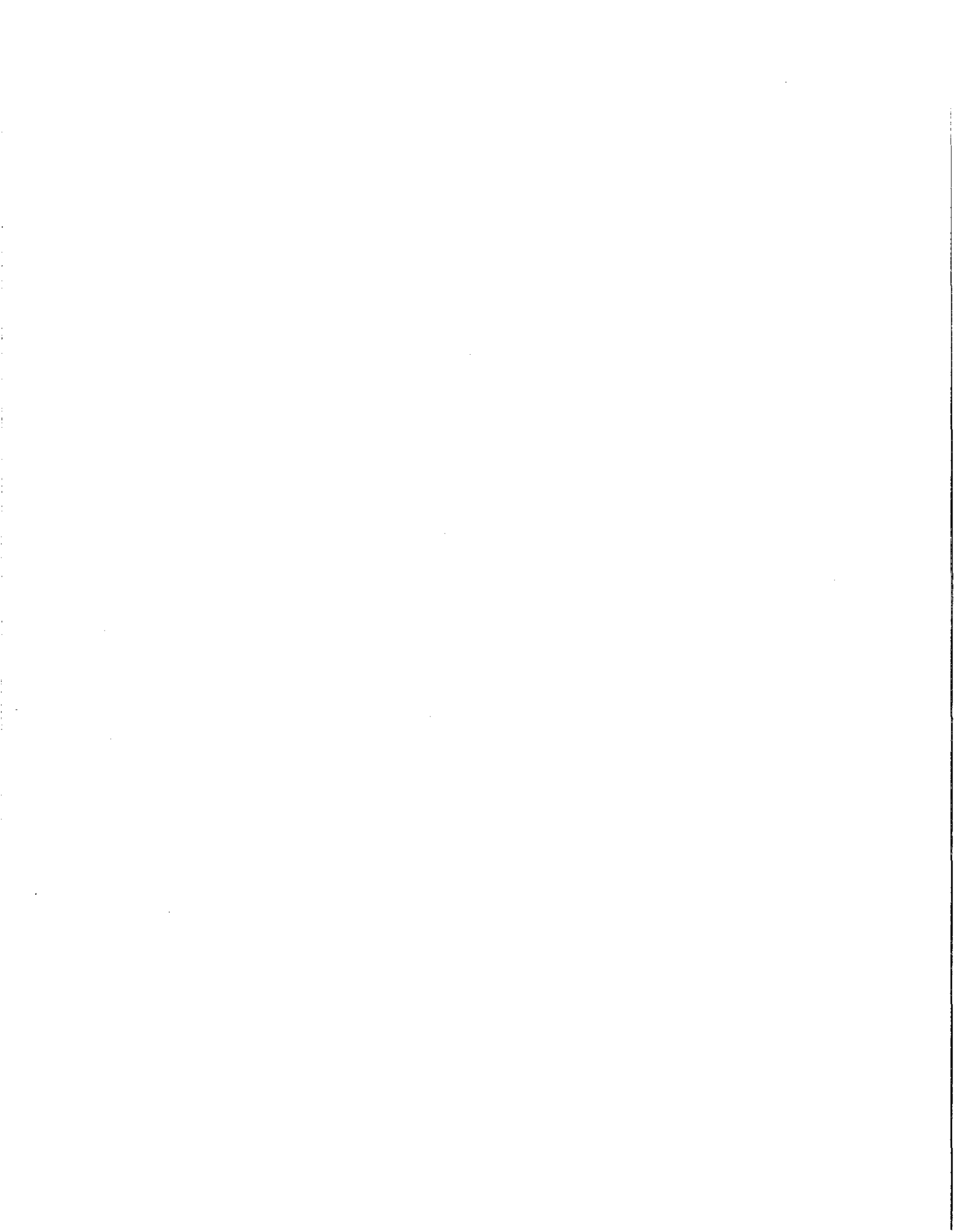
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- California colleges should create and offer programs to fill these gaps and expedite enrollment – or risk losing authorization for these programs

**Recommendation 8: The State of California should develop interim work and apprenticeship models to provide opportunities for people missing certain qualifications to work while meeting their requirements, and to promote upward mobility within career paths.**





**State of California Psychiatric Tech. Unit 18 JAC** (File 05059) – Approved 2/2004

Occupation: Psychiatric Technician

Minimum Requirements: Minimum Age 17, High School or GED

Program Length: Minimum of 3000 hours within 21 months

RSI Requirements: 1530 hours (includes 576 hours-Theory, 954-Clinical)

Probationary Requirements: First six months, first 1000 hours (Must achieve Certified Nursing Assistant (CNA) certificate during the medical-surgical semester)

**Kaiser Permanente JATC** (File 05148 – Approved 8/2010)

Occupation: Registered Nurse (LVN to RN)

Minimum Requirements: Minimum Age 18, High School or GED

Program Length: 2000 hours within 24 months

RSI Requirements: Minimum of 108 hours per year (216)

Probationary Requirements: one (1) Semester of RSI (must meet education prerequisites for entry into program)

**California Correctional Health Care Services Apprenticeship Program** (File 05229) – Approved 10/2016

Occupation: Registered Nurse (LVN to RN)

Minimum Requirements: Minimum Age 18, High School or GED

Program Length: 2618 hours 1088 hours plus LVN credit of 1530 hours) within 24 months

RSI Requirements: 186 hours total (133.5 hours plus 52.5 hours of prerequisites)

**RSI=Related Supplemental Instruction**

# STANDARDS

*Original*

DAS File No.:	05059
District No.:	04
X	JAC Standards
	Unilateral
	VA

# EXTRACT OF NEW STANDARDS

1. Name of Committee State of California Psychiatric Technician Unit 18 Joint Apprenticeship Committee	
2. Area Covered by Standards State of California	
3. Committee Address -- Street Address, City & Zip Code 2000 "O" Street, Suite 250, Sacramento, Ca 95814	
Telephone No. 916 329-9140	
4. Occupation(s) Psychiatric Technician	
DOT Number(s) 355.377.014	
5. Related Instruction 144 Hours Per year	6. School San Bernardino Valley College
7. Present Journeyman Wage \$ 2748 Per month	8. Effective Date of Journeyman Wage July 1, 2003
9. Apprentice or Trainee Wage Scale (Indicate amount of time [hours, weeks or months] and percent of journeyman wage or dollar amount.)	
1st Per. min. 800 hr/6 months \$1980 mo. *	5th Per.
2nd Per. min. 800 hr/6 months \$2222 mo.	6th Per.
3rd Per. min. 800 hr/6 months \$2311 mo	7th Per.
4th Per.	8th Per.
9th Per.	10th Per.
11th Per.	12th Per.
10. Overtime Provisions See attached	
11. Straight Time Hours Per Day: Per Week:	13. Work Processes See attached Approx. Hours 3000
12. Other Compensation	
A. Health & Welfare	\$ 300
B. Pension	\$ attached
C. Vacation	\$
D. Apprentice Funds	\$
E. Other (Specify)	\$
Total	\$
14. Remarks	

Section 9\*  
 If an apprentice is enrolled in a formal Psychiatric Technician program, the starting rate is \$2044 per month.

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 DEC 24 2003  
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**CERTIFIED AS CORRECT:**

Signature -- Apprenticeship Consultant <i>Luella Acosta</i>	Date 12/19/03	DAS Headquarters Use Date Processed
Signature -- Committee Sec. or Chair (Cross out one) <i>Wanda Munch</i>	Date 12/16/03	

Wage Schedule

1. An apprentice shall be paid in accordance with the California State Civil Service Pay Scale of the Psychiatric Technician Apprentice classification. The apprentice shall be appointed to the appropriate range for which he/she qualifies. The apprentice shall then move to the appropriate step and range in accordance with the following schedule (salary rates as of July 1, 2003). Licensed Psychiatric Technician rate is \$2,748 per month as of July 1, 2003.

1<sup>st</sup> period - 800 hours/6 months\* (approximately)

Range A	\$1,980 per month
Range B	\$2,044 per month

\* The alternate range criteria for this classification allows for placement of an apprentice into Range A until meeting the criteria for Range B.

2<sup>nd</sup> period - 800 hours/6months\* (approximately) \$2,222 per month

Range C (increase salary to equivalent of PTA, 1<sup>st</sup> step)

\* Salary increase given after CNA certificate is obtained

3<sup>rd</sup> period - 800 hours/6months (approximately) \$2,311 per month

Range D (4% increase)

Upon completion of the prescribed courses of theory and clinical instruction, the apprentice will be paid \$2,507 monthly (top of Range E) and have six months to obtain a Psychiatric Technician License during this period.

Thereafter, the individual shall be paid the Licensed Psychiatric Technician rate of pay as outlined in the California State Civil Service Pay Scale, which is \$2,748 a month as of July 1, 2003.

2. Compensation/Benefits

Health and Welfare, Pension, Vacation, Holidays, Sick Leave, Wages/Overtime provisions and other compensation as per the collective bargaining agreement between the State and CAPT and the Department of Personnel Administration Laws and Regulations. Contributory Apprenticeship Funds are outlined in the Unit 18 collective bargaining agreement.

3. Overtime Compensation

Overtime for employees in Work-Week Group 2 is defined as all hours worked in excess of 40 hours in a period of 168 hours or seven consecutive 24-hour periods. (See attached C.B.A.)

Payment of authorized overtime required by the State shall be in cash or compensating time off (CTO) and shall be at a rate of one and one-half times the employee's regular rate of pay for each hour of overtime worked, or fraction thereof, computed to the nearest fifteen minutes.

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Work Processes:

1. The state department shall see that all apprentices are under the supervision of a qualified Psychiatric Technician or instructor, in the apprenticeship trade, and shall provide the necessary diversified experience and training in order to train and develop the apprentice into a skilled worker, proficient in all the work processes of the Psychiatric Technician occupation outlined herein.
2. Apprentices shall also be trained in the use of new equipment, materials and processes as they come into use in the occupation.
3. Each apprentice shall receive training in the recognition of illegal discrimination and sexual harassment.
4. The major work processes in which apprentices will be trained (although not necessarily in the order listed) and the approximate hours (not necessarily continuous) to be spent are as follows:

OJT Work Processes:	Approximate Hours
1. Assists in providing basic nursing care to patients/clients including, but not limited to, taking vital signs and assisting in examinations and nursing procedures.	500
2. Assists in patients/clients in activities of daily living, such as bathing, dressing, grooming, dining and/or toileting, and in developing self-reliance in these activities.	600
3. Assists in developing and implementing client/patient treatment plans, including group activities and occupational, recreational, vocational and educational therapy programs.	600
4. Observes physical condition and behavior of patients/clients and reports significant changes to appropriate treatment team members.	200
5. Assists with behavioral interventions and/or crisis interventions, such as for assaultive, self-injurious or suicidal behavior.	50
6. Escorts clients/patients on the facility grounds and in the community.	48
7. Helps maintain a safe, clean and therapeutic living and activity environment.	48
Subtotal	2046 hours

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Paid Clinical Training Under the Auspices of the Local Educational Agency:

The state department shall see that all apprentices are under the supervision of a qualified Psychiatric Technician or instructor, in the apprenticeable trade, and shall provide the necessary diversified experience and training in order to train and develop the apprentice into a skilled worker, proficient in all the work processes of the Psychiatric Technician occupation outlined herein.

Mental Disorders	270 hours
Developmental disabilities	270 hours
Nursing Science	270 hours
Related Training	<u>144 hours</u>
Subtotal	954 hours

OJT Work Processes	2046
Paid Clinical Training	<u>954</u>
Total	3000 hours

APPRENTICESHIP STANDARDS  
Of the  
STATE OF CALIFORNIA  
PSYCHIATRIC TECHNICIAN – UNIT #18  
JOINT APPRENTICESHIP COMMITTEE

ARTICLE I Purpose and Policy

The parties hereto declare it to be their purpose and policy to establish an organized, planned system of apprenticeship, conducted as a joint labor and management industry undertaking. These standards have, therefore, been adopted and agreed upon under the Shelley-Maloney Apprenticeship Labor Standards Act of 1939, as amended, to govern the employment and training of apprentices in the trade, craft or occupation defined herein, to become effective upon their approval.

ARTICLE II Occupation

Psychiatric Technician DOT: 355.377 014

ARTICLE III Organization

There is hereby established the above-named Joint Apprenticeship Committee, covering all the state facilities in Bargaining Unit #18 in the State of California. The committee will consist of six (6) members and two (2) alternates, three (3) members and one (1) alternate of whom shall be selected by and represent the employer signatory hereto, and three (3) members and one (1) alternate of whom shall be selected by and represent employee organization(s) signatory hereto; one apprenticeship consultant representing the Division of Apprenticeship Standard, and, in addition thereto, such other advisors as the committee shall determine. The advisors and the apprenticeship consultant shall act without a vote.

Each participating facility will have two advisors, one appointed by management and one appointed by the union, who will oversee the apprentice program at that facility and report any problems to the committee.

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ARTICLE IV      Jurisdiction

These standards shall apply to the State of California and California Association of Psychiatric Technicians (CAPT) signatory hereto and to all apprentice agreements hereunder.

ARTICLE V      Functions

The functions of the Joint Apprenticeship Committee shall be to:

1.      Develop an efficient program of apprenticeship through systematic on-the-job training with related and supplemental instruction and periodic evaluation of each apprentice;
2.      Make periodic evaluations of the progress of each apprentice's on-the-job training and related and supplemental instruction;
3.      Establish a mechanism to be used for the rotation of the apprentice from work process to work process to assure the apprentice complete training;
4.      Serve in an advisory capacity with state departments and employees in matters pertaining to these standards;
5.      Ensure mobility when essential in order to provide exposure and training in various work processes;
6.      Aid in the adjustment of apprenticeship disputes;
7.      Develop fair and impartial selection procedures and affirmative action plan in accordance with existing laws and regulations as required by the State Personnel Board and to apply them uniformly in the selection of applicants for apprenticeship. The selection procedures and affirmative action plan are included herein called Article XX.

ARTICLE VI      Responsibilities

The responsibilities of the Joint Apprenticeship Committee shall be to:

1.      Supervise the administration and enforcement of these standards;
2.      Adopt such rules and regulations as are necessary to govern the program provided, however, that the rules and regulations do not conflict with these standards;
3.      Pass upon the qualification of state departments under its jurisdiction and, when appropriate, to suspend or withdraw approval;



4. To determine if a state department has the work site facilities, skilled workers as trainers at the work site, and equipment sufficient to train apprentices;
5. Pass upon the qualifications of apprentice applicants;
6. File a signed copy of each apprentice agreement with the Secretary of the California Apprenticeship Council, with copies to all parties to the agreement;
7. Ensure a record-keeping system for on-the-job training and related instruction is established and maintained;
8. Provide disciplinary procedures for apprentices, including provisions for fair hearings;
9. Adopt changes to these standards, as necessary, subject to the approval of the parties hereto and the Chief of the Division of Apprenticeship Standards;
10. Use every effort to keep the apprentice employed in a reasonably continuous manner and adequately instructed;
11. Oversee the program's ability, including financial ability and commitment, to meet and carry out its responsibilities under federal and state law and regulations;
12. Ensure orientations, workshops or other educational sessions are being held for state departments and participants to explain the apprenticeship program's standards and operation of the apprenticeship program;
13. Conduct on-going evaluation of the interest and capacity of state departments to participate in the apprentice program and to train apprentices on the job.

ARTICLE VII      Definition of an Apprentice

An apprentice is a person at least 17 years of age (high school graduate, G.E.D or High School Proficiency) who is engaged in learning the occupation of Psychiatric Technician and who has entered into a written apprentice agreement under the provisions of these Standards and the State Personnel Board Laws and Regulations.

ARTICLE VIII      Duties of an Apprentice

1. Each apprentice must meet the entrance requirements of the local education agency and be admitted into a Psychiatric Technician Program.
2. Each apprentice shall satisfactorily perform all work and learning assignments both on the job and in related instruction and shall comply with the rules, regulations and decisions of the Joint Apprenticeship Committee.

3. Each apprentice shall apply and obtain a Certified Nursing Assistant Certificate upon completion of the medical-surgical semester.
4. Each apprentice shall apply for and obtain a Psychiatric Technician License from the Board of Vocational Nursing and Psychiatric Technicians upon completion of the prescribed courses of theory and clinical instruction.

ARTICLE IX            Apprentice Agreement

1. Each apprentice agreement shall conform to the state law governing apprentice agreements, and shall be signed by the state department or by the Joint Apprenticeship Committee, by the apprentice and must be approved by a Representative of the Division of Apprenticeship Standards.
2. Each apprentice shall be furnished a copy and be given an opportunity to study these standards before indenture. These standards shall be considered a part of the apprentice agreement as though expressly written therein.
3. If an apprentice is under 18 years of age, the apprentice's parent or guardian must sign the agreement. When the period of training extends beyond 18 years of age, the apprentice agreement shall likewise be binding to such a period as may be covered.

ARTICLE X            Termination and Transfer of Agreements

1. During the 1000-hour probationary period an apprentice agreement may be terminated by the apprenticeship committee at the request in writing of either party. After such probationary period, an apprentice agreement may be terminated by the Administrator by mutual agreement of all the parties thereto or cancelled by the Administrator for good and sufficient reason.
2. If an employer is unable to fulfill his/her obligations to train under any apprentice agreement or in the event of a layoff, the apprentice committee may, with the approval of the administrator, transfer such agreement to any other employer if the apprentice consents and such other employers agrees to assume the obligation of said apprentice agreement.

ARTICLE XI           Related and Supplemental Instruction

1. Apprentices shall satisfactorily complete prescribed courses of Theory and Clinical instruction as required by the Board of Vocational Nursing and Psychiatric Technicians and prescribed in the Psychiatric Technician Rules and Regulations and Law. However, in no event should the related and supplemental instruction be less than 144 hours per year or no less than those hours outlined in the Shelley-Maloney Apprenticeship Labor Standards Act of 1939 (Labor Code, Chapter 4, Division 3, §3084).

2. Required theory and clinical hours may be compensated as part of the apprentice's normal workweek.
3. Related instruction will be provided by various Community Colleges and local education agencies in California accredited or approved by the Board of Vocational Nursing and Psychiatric Technicians.

ARTICLE XII            Layoffs

1. If for any reason a lay-off of an apprentice occurs, the apprenticeship committee will recommend cancellation of the apprentice agreement to the Administrator. However, credit for related instruction shall be given to the apprentices when they continue the program on their own.
2. There shall be no liability on the part of the State or the JAC for an injury sustained by an apprentice engaged in schoolwork at the time when the apprentice is unemployed.

ARTICLE XIII            Controversies

All controversies or differences concerning apprentice agreements that cannot be resolved locally by the apprenticeship committee, or otherwise, resolved through the procedures of the State Personnel Board Rules and Regulations and the collective bargaining agreement, shall be submitted to the Administrator for determination.

ARTICLE XIV            Term of Apprenticeship

The term of apprenticeship shall be a minimum of 3000 OJT hours within 21 months. The first 1,000 hours extending over not more than six- (6) months, shall be a tryout or probationary period.

ARTICLE XV            Ratio

A qualified State facility may employ one (1) apprentice when at least one (1) Psychiatric Technician is regularly employed, and one (1) additional apprentice for each two (2) additional Psychiatric Technicians regularly employed.

ARTICLE XVI            Wage Schedule

1. An apprentice shall be paid in accordance with the California State Civil Service Pay Scale of the Psychiatric Technician Apprentice classification. The apprentice shall be appointed to the appropriate range for which he/she qualifies. The apprentice shall then move to the appropriate step and range in accordance with the following schedule (salary rates as of July 1, 2003). Licensed Psychiatric Technician rate is \$2,748 per month as of July 1, 2003.

1<sup>st</sup> period - 800 hours/6 months\* (approximately)

Range A

\$1,980 per month

Range B

\$2,044 per month

\* The alternate range criteria for this classification allows for placement of an apprentice into Range A until meeting the criteria for Range B.

2<sup>nd</sup> period - 800 hours/6months\* (approximately)

\$2,222 per month

Range C (increase salary to equivalent of PTA, 1<sup>st</sup> step)

\* Salary increase given after CNA certificate is obtained

3<sup>rd</sup> period - 800 hours/6months (approximately)

\$2,311 per month

Range D (4% increase)

Upon completion of the prescribed courses of theory and clinical instruction, the apprentice will be paid \$2,507 monthly (top of Range E) and have six months to obtain a Psychiatric Technician License during this period.

Thereafter, the individual shall be paid the Licensed Psychiatric Technician rate of pay as outlined in the California State Civil Service Pay Scale, which is \$2,748 a month as of July 1, 2003.

2. Compensation/Benefits

Health and Welfare, Pension, Vacation, Holidays, Sick Leave, Wages/Overtime provisions and other compensation as per the collective bargaining agreement between the State and CAPT and the Department of Personnel Administration Laws and Regulations. Contributory Apprenticeship Funds are outlined in the Unit 18 collective bargaining agreement.

3. Overtime Compensation

Overtime for employees in Work Week Group 2 is defined as all hours worked in excess of 40 hours in a period of 168 hours or seven consecutive 24-hour periods. (See attached C.B.A.)

Payment of authorized overtime required by the State shall be in cash or compensating time off (CTO) and shall be at a rate of one and one-half times the employee's regular rate of pay for each hour of overtime worked, or fraction thereof, computed to the nearest fifteen minutes.

ARTICLE XVII

Work Training

1. The state department shall see that all apprentices are under the supervision of a qualified Psychiatric Technician or instructor, in the apprenticible trade; and shall provide the necessary diversified experience and training in order to train and

develop the apprentice into a skilled worker, proficient in all the work processes of the Psychiatric Technician occupation outlined herein.

2. Apprentices shall also be trained in the use of new equipment, materials and processes as they come into use in the occupation.
3. Each apprentice shall receive training in the recognition of illegal discrimination and sexual harassment.
4. The major work processes in which apprentices will be trained (although not necessarily in the order listed) and the approximate hours (not necessarily continuous) to be spent are as follows:

Psychiatric Technician

DOT 355.377.014

OJT Work Processes:

Approximate Hours

1. Assists in providing basic nursing care to patients/clients including, but not limited to, taking vital signs and assisting in examinations and nursing procedures.	500
2. Assists in patients/clients in activities of daily living, such as bathing, dressing, grooming, dining and/or toileting, and in developing self-reliance in these activities.	600
3. Assists in developing and implementing client/patient treatment plans, including group activities and occupational, recreational, vocational and educational therapy programs.	600
4. Observes physical condition and behavior of patients/clients and reports significant changes to appropriate treatment team members.	200
5. Assists with behavioral interventions and/or crisis interventions, such as for assaultive, self-injurious or suicidal behavior.	50
6. Escorts clients/patients on the facility grounds and in the community.	48
7. Helps maintain a safe, clean and therapeutic living and activity environment.	48
Subtotal	2046 hours

Paid Clinical Training Under the Auspices of the Local Educational Agency:

The state department shall see that all apprentices are under the supervision of a qualified Psychiatric Technician or instructor, in the apprenticeable trade, and shall provide the necessary diversified experience and training in order to train and develop the apprentice into a skilled worker, proficient in all the work processes of the Psychiatric Technician occupation outlined herein.

Mental Disorders	270 hours		
Developmental disabilities	270 hours		
Nursing Science	270 hours		
Related Training	<u>144 hours</u>		
	954 hours	<u>Subtotal</u>	<u>954 hours</u>

Total OJT and Paid Clinical Training 3000 hours

ARTICLE XVIII Health and Safety, Recognition of Illegal Discrimination and Sexual Harassment

1. Each apprentice shall receive training and education in first aid, safe working practices and the recognition of occupational health and safety hazards.
2. Each apprentice shall receive training in the recognition of illegal discrimination and sexual harassment.

ARTICLE XIX Certificate of Completion

1. Upon evidence of satisfactory completion of apprenticeship and the recommendation of the Joint Apprenticeship Committee, each apprentice will be issued a Certificate of Completion by the authority of the California Apprenticeship Council.
2. In recognition of unusual ability and progress, the Joint Apprenticeship Committee may decrease the term of apprenticeship for an individual apprentice not more than twelve and one-half (12 ½) per cent.

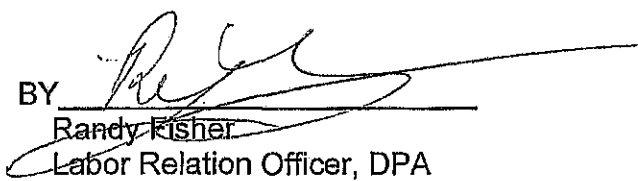
ARTICLE XX California Plan for Equal Opportunity in Apprenticeship  
See attached

The forgoing standards are hereby agreed to and adopted April 24 2003.

EMPLOYER

State of California

BY

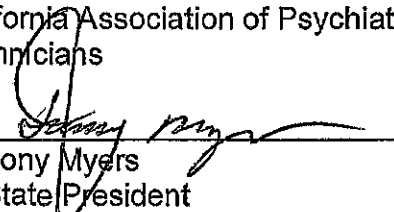
  
Randy Fisher

Labor Relation Officer, DPA  
1515 'S' Street, North Bldg., Suite 400  
Sacramento, CA 95814

EMPLOYEE ORGANIZATION

California Association of Psychiatric  
Technicians

BY

  
Tony Myers

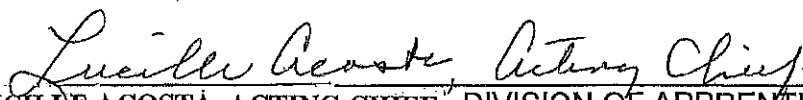
State President  
2000 'O' Street, Suite 250  
Sacramento, CA 95814

BY

  
Brad Leggs

Secretary/Treasurer  
2000 'O' Street, Suite 250  
Sacramento, CA 95814

The foregoing apprenticeship standards, being in conformity with the rules and regulations of the California Apprenticeship Council and the standards of apprenticeship as published by the Secretary of Labor, are hereby approved 2/24/04.

  
LUCILLE ACOSTA, ACTING CHIEF, DIVISION OF APPRENTICESHIP STANDARD  
Department of Industrial Relations, Division of Apprenticeship Standards

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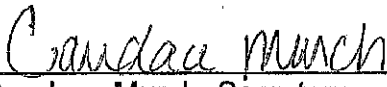
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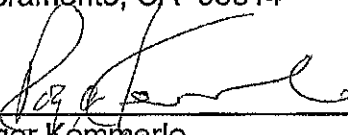
DAS HDQ RECORDS SEC.

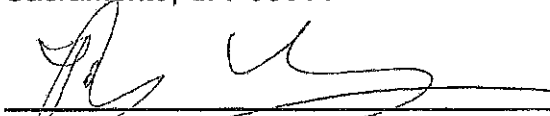
California  
Statewide Psychiatric Technician - Unit #18  
Joint Apprenticeship Committee  
2000 'O' Street, Suite 250  
Sacramento, CA 95814

Employer Representatives -  
State of California

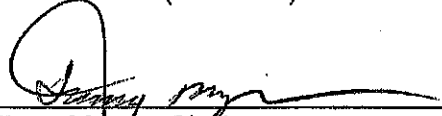
  
Delores Murrey, Vice Chairperson  
Department of Developmental Services  
1600 9<sup>th</sup> Street  
Sacramento, CA 95814

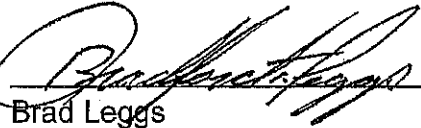
  
Candace Murch, Secretary  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 121  
Sacramento, CA 95814


  
Roger Kemmerle  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 121  
Sacramento, CA 95814

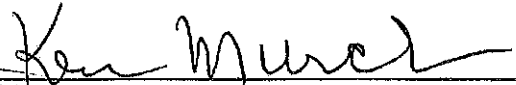
  
Randy Fisher, (alternate)  
Department of Personnel Administration  
1515 'S' Street, Suite 400  
Sacramento, CA 95814

Employee Representatives -  
California Association of Psychiatric  
Technicians (C.A.P.T.)

  
Tony Myers, Chairperson  
C.A.P.T.  
3431 Pomona Blvd., Suite C  
Pomona, CA 91768

  
Brad Leggs  
C.A.P.T. Napa Chapter  
P.O. Box 7036  
Napa, CA 94558

  
Keith Hearn  
C.A.P.T.  
2000 'O' Street, Suite 250  
Sacramento, CA 95814

  
Ken Murch (alternate)  
C.A.P.T.  
2000 'O' Street, Suite 250  
Sacramento, CA 95814

  
Donna Petterson  
DAS Consultant  
320 West Fourth St., Suite 830  
Los Angeles, CA 90013

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District: #04  
File #: 05059

TO: Henry Nunn, Chief, Division of Apprenticeship Standards  
Department of Industrial Relations, Division of Apprenticeship Standards  
P.O. Box 420603  
San Francisco, CA 94010

NAME: CALIFORNIA ASSOCIATION OF PSYCHIATRIC TECHNICIANS –  
UNIT 18, JOINT APPRENTICESHIP COMMITTEE  
2000 'O' Street, Suite 250  
Sacramento, CA 95814  
Area of Coverage: State of California

SUBJECT: EXEMPTION REQUEST  
Title 8, Chapter 2, Article 5, Section 214(d)  
California Code of Regulations

As provided by Section 17 of the State of California Plan for Equal Opportunity in Apprenticeship, the apprenticeship program sponsor hereby requests an exemption from Title 8, Chapter 2, Article 5, Section 215 (d) for good cause as follows:

This State of California Program Sponsor is subject to the State Personnel Board Affirmative Action Plan meets the requirements of Title VIII of the Civil Rights Act of 1963 and its implementing regulations. As part of the plan, the State Personnel Board negotiates goals for minorities and women with this Department yearly. These goals meet or exceed Cal Plan goals for minorities and women; and

This State of California Program Sponsor is covered under a memorandum of understanding.

This Program Sponsor, therefore qualifies for the exemption from the affirmative action and selection procedures provisions of the California Plan for Equal Opportunity in Apprenticeship (Cal Plan) under the authority of Cal Plan Section 4 (e).

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Verified: \_\_\_\_\_

Signed: Candace Murch 4/24/03

An Exemption has been granted for the above Program Sponsor effective 2/24/2004

Lucille Y. Acosta, Acting Chief  
Lucille Acosta, Acting Chief, Division of Apprenticeship Standards

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SPEC: PSYCHIATRIC TECHNICIAN APPRENTICE  
CALIFORNIA STATE PERSONNEL BOARD

SPECIFICATION

Schematic Code: TL72  
Class Code: 8229  
Established: 12/13/78  
Revised: 3/7/95  
Title Changed: ---

PSYCHIATRIC TECHNICIAN APPRENTICE

DEFINITION

Under close supervision, as an apprentice, to participate in the treatment programs of a State hospital for the mentally or developmentally disabled; to acquire knowledge, skills, and abilities to provide a basic level of general behavioral and psychiatric nursing care to the mentally and developmentally disabled; and to do other related work.

DISTINGUISHING CHARACTERISTICS

This class is designed for entrance and performance in an apprentice program leading to status as a licensed Psychiatric Technician. Persons in this class receive training under the provisions of apprenticeship standards and written apprentice agreements under Chapter 4, Division 3, California Labor Code. Inability to maintain satisfactory progress in the didactic and practical work of the apprentice program is sufficient cause for separation from the program.

TYPICAL TASKS

Receives training in a basic level of general behavioral and psychiatric nursing care and treatment of mentally or developmentally disabled voluntary, involuntary or judicially committed clients consisting of classroom instruction and demonstration, closely supervised unit nursing practice, and attendance at appropriate unit and staff conferences; assists medical and nursing personnel in the nursing care and treatment of clients; assists the medical and licensed nursing personnel who are administering medications and treatments; assists rehabilitation therapists with client-oriented programs; assists with client feeding, habit training, and grooming; keeps clients and their clothing, beds and living areas clean; learns to create a safe and therapeutic environment for clients; and learns to motivate clients to develop self-reliance in daily living.

MINIMUM QUALIFICATIONS

Eligibility for enrollment in an accredited Psychiatric Technician Training Program as evidenced by passage of the required entrance examinations. (Candidates who do not possess this evidence may be admitted to the examination but may not be appointed until such evidence is obtained.)

and

Education: Equivalent to completion of the 12th grade.

KNOWLEDGE AND ABILITIES

Knowledge of: Arithmetic computations including fractions; metric system; spelling and grammar.

Ability to: Communicate effectively; acquire general behavioral and psychiatric nursing knowledge, skills and attitudes; apply technical nursing knowledge and understanding of the behavior of mentally or developmentally disabled clients.

### SPECIAL PERSONAL CHARACTERISTICS

An interest and willingness to work in a State hospital; alertness; patience; emotional stability; tact; tolerance; neat personal appearance; hearing and vision required for successful job performance.

### DRUG TESTING REQUIREMENT

Applicants for positions in this class are required to pass a drug-screening test. Testing of current employees who are applicants in an examination or who are transferring is permitted only if the person does not have a current appointment to a class for which drug testing is a requirement.



valley college

December 2, 2003

Tony Myers, Chairman  
Psychiatric Technician JAC  
2000 O Street, Suite 250  
Sacramento, CA 95814

Dear Mr. Myers:

San Bernardino Valley College and the Department of Psychiatric Technology after due consideration are interested in establishing a Psychiatric Technician Apprenticeship program. The San Bernardino Community College Chancellor, Dr. Donald Averill; President, Denise Whittaker; and Vice President of Instruction, Dr. Robin Calote, lend their support. This letter indicates our commitment to become a local Education Agency and seek approval from the Division of Apprenticeship Standards and the California Community Colleges Chancellor's Office. Patton State Hospital has indicated agreement to enter into this partnership.

Enclosed is a copy of the SBVC Psychiatric Technology program curriculum and prerequisites to the program.

Sincerely,

Marilyn L. Johnson, MN RN  
Dean Health Science

CC: Candace Murch, CDMH  
Barry Noonan, Apprenticeship Coordinator of California, CCCCCO  
Gari-lyn Richardson, Staff Services Manager, Human Resources, Patton  
State Hospital

## PSYCHIATRIC TECHNOLOGY PROGRAM

San Bernardino Valley College

The Psychiatric Technology program is a one-year certificate program that prepares students to work with emotionally, mentally and developmentally disabled clients in a variety of community facilities. The Psychiatric Technology program prepares students to take the California Psychiatric Technician license examination. Students may also elect to earn an Associate Degree. The Psychiatric Technology program is accredited by the California Board of Vocational Nursing and Psychiatric Technicians.

### Program Prerequisites

- High school Diploma or equivalent (G.E.D. or California High School Proficiency Exam. Foreign H.S. graduates must have equivalency evaluated. See program Director)
- Reading proficiency: complete one of the following  
Reading 970 or  
Eligibility for READ 100 as determined by the college assessment process (see college counselor) OR  
Previous college degree

• Complete the following courses with a grade of C or higher in each:	Units
ENGL 015 Preparation for College Writing (or higher level course)	4
MATH 952 Prealgebra (or higher level math course)	4
BIOL 050 Anatomy & Physiology (or higher level course(s))	4
PSYCH 100 General Psychology	<u>3</u>
TOTAL UNITS	15

NOTE: BIOL 050 and PSYCH 100 must be taken within 5 years of admission into the program.

### Psychiatric Technology Curriculum

• Complete the following courses with a grade of C or higher in each:	Units
PSYTCH 084 Introduction to Psychiatric Technology	17
PSYTCH 085 Psychiatric Technology: Nursing Science	12
PSYTCH 086 Psychiatric Technology: Behavioral Science	<u>17</u>
TOTAL UNITS	46

### PROGRAM SEQUENCE

Semester I	PSYTCH 084
Semester II	PSYTCH 086
Summer Session	PSYTCH 085

SAN BERNARDINO VALLEY COLLEGE

COURSE OUTLINE FOR PSYTCH 084  
INTRODUCTION TO PSYCHIATRIC TECHNOLOGY

**I. CATALOG DESCRIPTION:**

PSYTCH 084  
INTRODUCTION TO PSYCHIATRIC TECHNOLOGY

10 Hours lecture, 21 hours laboratory = 17 Units

An introduction to psychiatric technology with a focus on normal growth and development, developmental disabilities. Current trends, pharmacology and basic nutrition are emphasized. Laboratory experience includes the role of the psychiatric technician, basic nursing skills, principles and administration of prescribed medication for developmentally disabled clients.

**SCHEDULE DESCRIPTION:** An introduction to Psychiatric Technology with focus on normal growth and development, developmental disabilities and nursing skills.

**Prerequisites:** Admission to the Psychiatric Technology Program, BIO 050, ENGL 015, PSYC 100, MATH 952

**II. NUMBER OF TIMES COURSE MAY BE TAKEN FOR CREDIT - ONE**

**III. EXPECTED OUTCOMES FOR STUDENTS:**

Upon completion of the course, the student will be able to:

- A. Define and give examples of beginning level therapeutic communication.
- B. Define and demonstrate the application of the nursing process in the care of clients.
- C. Discuss pharmacology, pharmacokinetics and dosage forms.
- D. Identify principles of medication administration and responsibility Psychiatric Technicians in medication administration.
- E. Compare and contrast the different classifications of developmental disabilities.
- F. Demonstrate ability to collect baseline data and determine appropriate interventions for developmentally disabled clients.
- G. Identify and apply principles of Behavioral Modification.
- H. Recognize and understand the stages of normal growth and development, comparing Freud, Erikson, and Piaget's developmental stages.
- I. Identify and discuss the metabolic, genetic, pre peri and Post-natal causes of developmental disabilities.
- J. Define and discuss normalization in a least restrictive environment.
- K. Discuss leisure activity, sexuality, vocational and family issues of

- developmentally disabled clients.
- L Distinguish the basic nutritional components and the role of each in body systems.
  - M. Identify the classification of neurological disorders as it relates to developmental disabilities.

#### IV. CONTENT:

- A. Therapeutic Communication
  - 1. Definition
  - 2. Identify and list the various levels of therapeutic communication and give examples.
- B. Nursing Procedures
  - 1. Define Nursing Process
  - 2. Define and list the major steps in the Nursing Process in the application of clients care.
- C. Introduction to Pharmacology
  - 1. Principles of pharmacology, pharmacokinetics and dosage forms
  - 2. Medical terminology used in the administration of medication
  - 3. Drug classification and pharmacologic action including Nursing Interventions
  - 4. Principles of medication administration
  - 5. Responsibilities of the Psychiatric Technician in the administration of medications
- D. Etiology, types, and classification of Developmental Disability
  - 1. Definition and classification
  - 2. Method used and diagnosis (including I.Q. ranges)
- E. Behavior Modification
  - 1. Definition
  - 2. Different types of behavior modification principles and application
  - 3. Principles of Behavior Modification
- F. Normal Growth and Development
  - 1. Stages of normal growth & development including motor skills
  - 2. Comparison of Freud, Erikson, and Piaget's theorists of developmental stages
- G. Genetic and Metabolic Developmental Disabilities
  - 1. Types of recessive and dominant inheritance defects
  - 2. Types of sex-linked inheritance and chromosomal abnormalities
  - 3. Special treatment and prognosis
  - 4. Genetic counseling
- H. Pre, Peri and Post-Natal Cause of Developmental Disabilities
  - 1. Pregnancy from conception to delivery as related to pre, peri, and post-natal care of development disabilities
  - 2. Special treatments & prognosis
- I. Normalization

1. Definition
  2. Concept of least restrictive environment and rights of developmental disabled clients
  3. Role of Regional Center and developmental disabled clients
- J. Leisure Activity, Sexuality, Vocational and Family Issues of Developmental Disabled Clients
1. Types of leisure activities available to developmental disabled clients
  2. Issues of family, sexuality and vocations for developmental disabled clients
- K. Basic Nutrition
1. Definition of nutrition
  2. Basic food groups
  3. Essential nutrients and nutritional disorders
  4. Special diets and problems
  5. Feeding problem and techniques of Development Disabled client
- L. Neurological Disorders of the Developmental Disorders
1. Classification of neurological disorders
  2. Cardiovascular features of neurological disorders
  3. Special treatments and prognosis
- M. Basic Nursing Skills
1. Cardio-pulmonary and first aid technique
  2. Activities of daily living skills, such as bed bath, bed making, toileting, position and feeding

## V. METHODS OF INSTRUCTION

- A. Lectures
- B. Demonstration
- C. Readings
- D. Role playing, scenario
- E. Audio-visual and computer assisted programs
- F. Group projects and discussions
- G. Written assignments
- H. Supervised clinical and practice skill building - hospital and community setting

## VI. TYPICAL ASSIGNMENTS

- A. Role playing scenario regarding different disabilities.
- B. Simulated beginning level therapeutic communication techniques.
- C. Written Assignments
  1. Case study utilizing nursing process  
Construct a correct medication treatment records using simulated doctor's orders
- D. Completion of critical elements checklist for skills in the clinical setting.

## VII. EVALUATION



- A. Method of Evaluation
1. Objective examination and quizzes
    - a. Typical sample questions
      1. Giving a client tokens for holding her hands on her lap for 10 minutes instead of hand flopping is applying the principle of:
        - a. Aversive conditioning
        - b. Reinforcement of other behavior
        - c. Reinforcement of incompatible behavior
        - d. Primary positive reinforcement
        - e. Classical conditioning
      2. Which of the following actions is appropriate during intramuscular administration of medication?
        - a. Insert needle slowly
        - b. Aspirate the plunger
        - c. Inject rapidly
        - d. Massage skin vigorously
    2. Demonstrate application of principles in care of developmentally disabled clients (performance criteria)
    3. Grade written assignments and client care documentation
- B. Frequency of Evaluation
1. Laboratory experience skill performance are evaluated following completion of each clinical site experience
  2. Weekly, bi-weekly, midterm and final examinations and quizzes

## VIII. TYPICAL TEXTBOOK

### Textbooks

Bashaw, Mark L. Children With Disabilities, 4th Edition, Baltimore, Maryland, Paul Brooks Publishing Co., 1998

Gardener, James F., Developing Staff Competencies For Supporting People With Developmental Disabilities, 2nd Edition, Paul Brooks Publishing Co., Baltimore, Maryland, 1998

Scherer, Jeanne C., Roach, Sally S., Introductory Clinical Pharmacology, 5th Edition, Lippincott-Raven Publishers, Philadelphia, 1996

Rosdahl, Caroline, Textbook and Workbook of Basic Nursing, 7th Edition, Philadelphia, J.P. Lippincott Company, 1999

National Safety Council, 3rd Edition, First Aid and CPR, Jones and Bartlett Publishers, Sudbury, Massachusetts, 1997

SAN BERNARDINO VALLEY COLLEGE

COURSE OUTLINE FOR PSYTCH 085  
PSYCHIATRIC TECHNOLOGY: NURSING SCIENCE

**I. CATALOG DESCRIPTION**

PSYTCH 085 PSYCHIATRIC TECHNOLOGY: NURSING SCIENCE

7.22 Hours Lecture; 12.22 Hours Laboratory = 12 Units

Basic nursing science concepts and skills with a focus on current interventions for medical and surgical disorders of pediatric, adult and geriatric clients. Includes practical application of theory in the caring of physically ill clients in the acute and longterm care settings.

SCHEDULE DESCRIPTION: Basic nursing science concepts and skills with a focus on current interventions for medical and surgical disorders of pediatric, adult and geriatric clients.

Prerequisite: PSYTCH 084

**II. NUMBER OF TIMES COURSE MAY BE TAKEN FOR CREDIT: One**

**III. EXPECTED OUTCOMES FOR STUDENTS:**

Upon completion of the course students will be able to:

- A. Review and apply basic nursing skills procedures to acute and chronic care settings
- B. Describe and discuss pediatric disease processes and treatments  
Identify and describe disorders, treatments, and nutritional needs of:  
cardiovascular, blood and blood vessel, gastrointestinal, reproductive, urinary, musculoskeletal, integumentary, eye, ear/nose, endocrine & respiratory systems
- C. Identify the common disorders in geriatric patients and problems encountered with these age groups
- D. Discuss the stages of death and dying and identify common emotions of terminally ill clients
- E. Compare and contrast the nursing care of clients with behavioral vs. physical problems

**IV. CONTENT**

- A. Pediatric Disorders

1. Review of normal growth and development, theories
  2. Signs and symptoms of disorders
  3. Diagnostic testing and procedures
  4. Treatments, nursing care, rehabilitation
- B. Cardiovascular Disorders
1. Review of the Anatomy and Physiology
  2. Description of each disorder
  3. Diagnostic testing and procedures
  4. Treatments, nursing care, rehabilitation
- C. Gastrointestinal Tract System Disorders
1. Review of the Anatomy and Physiology
  2. Descriptions of disorder
  3. Diagnostic testing and procedure
  4. Treatment, nursing care rehabilitation
- D. Reproductive and Urinary System
1. Review of the Anatomy and Physiology
  2. Signs and symptoms of disorders
  3. Diagnostic testing and procedures
  4. Treatments and nursing care
- E. Musculoskeletal System Disorder
1. Review of the Anatomy and Physiology
  2. Signs and symptoms of disorders
  3. Diagnostic testing and procedures
  4. Treatments, nursing care, rehabilitation
- F. Integumentary and EENT System Disorder
1. Review of the Anatomy and Physiology
  2. General feature of disorders
  3. Diagnostic testing and procedures
  4. Treatment and nursing care
- G. Endocrine System Disorder
1. Review of the Anatomy and Physiology
  2. General feature of disorder
  3. Diagnostic testing and procedures
  4. Treatments, nursing care
- H. Respiratory System Disorders
1. Review of the Anatomy and Physiology
  2. General feature of disorders
  3. Diagnostic testing and procedures
  4. Treatments, nursing care
- I. Geriatrics Disorders
1. Common disorders associated with this age group
  2. Problems encountered with this age group
  3. Nursing care of the geriatric patient
  4. Rehabilitation
  5. Reaction in caring for geriatric patient
- J. Death & Dying

1. Stages of death and dying
2. The grieving process and application of crisis intervention to grief and loss

#### **IV. METHODS OF INSTRUCTION**

- A. Lecture and discussion
- B. Demonstration
- C. Written assignments
- D. Readings
- E. Role-playing scenarios
- F. Group project and oral reports
- G. Supervised clinical skills in hospital setting
- H. Audio Visual

#### **V. TYPICAL ASSIGNMENTS**

- A. Role playing scenario with case studies regarding common physical disorders.
- B. Demonstrate proficiency in therapeutic communication in a one to one simulated session
- C. Research articles on death & dying and write summary
- D. Written case study using the nursing process
- E. Completion of the critical element check list of skills in the clinical setting

#### **VII. EVALUATION**

- A. Method of Evaluation
  1. Objective examination and quizzes
    - a. Typical sample questions
      1. Mr. Brown was diagnosed with coronary artery disease. The Psychiatric Technician knows that in this condition there is:
        - a. A narrowing of coronary arteries sufficient to prevent adequate blood supply
        - b. An enlarged myocardium
        - c. A closing of the coronary arteries
        - d. An occlusion of one or more coronary arteries
      2. Preparation of the patient for a barium enema includes:
        - a. NPO three days prior to the test
        - b. Giving enemas until clear
        - c. Administration of a special diet prior to exam
        - d. Administration of a radio opaque dye IV prior to the exam
  2. Clinical practice, demonstration learned principles in care of clients with physical disorders
  3. Written documentation of client

4. Graded written assignments

B. Frequency of Evaluation

1. Laboratory experience skills performance are evaluated following completion of each clinical site exposure
2. Weekly and final examinations

**VIII. TYPICAL TEXTBOOK:**

Scherer, Jeanne C., Roach, Sally S., Introductory Clinical Pharmacology, 5th Edition, Philadelphia, Lippincott-Raven Publishers, 1996

Rosdahl, Caroline Bunker, Textbook and Workbook of Basic Nursing, 7th Edition, Philadelphia, J.P. Lippincott Company, 1999

**IX. OTHER SUPPLIES REQUIRED OF STUDENTS:**

- A. Uniforms
- B. Stethoscope
- C. Watch with second hand counter

SAN BERNARDINO VALLEY COLLEGE

COURSE OUTLINE FOR PSYTCH 086  
PSYCHIATRIC TECHNOLOGY: BEHAVIORAL SCIENCE

**I. CATALOG DESCRIPTION**

PSYTCH 086  
PSYCHIATRIC TECHNOLOGY: BEHAVIORAL SCIENCE

10 Hours lecture; 21 Hours laboratory = 17 Units

Includes care of clients with psychiatric disorders according to DSM III-R classification with emphasis on interventions and psychopharmacological agents, considering age and cultural implications. Practical application of mental health theory to clients in acute, long term, and state institutional settings.

SCHEDULE DESCRIPTION: Includes care of clients with psychiatric disorders according to DSM III-R classification with emphasis on interventions and psychopharmacological agents, considering age and cultural implications.

**II. NUMBER OF TIMES COURSE MAY BE TAKEN FOR CREDIT: One**

**III. EXPECTED OUTCOMES FOR STUDENTS:**

Upon completion of the course students will be able to:

- A. Apply and use the nursing process in the care of the mentally ill clients.
- B. Recognize and use the principles of therapeutic communication.
- C. Identify and discuss the role of the Psychiatric Technician as mandated by the Board of Vocational Nurse and Psychiatric Technician.
- D. Review and apply principles of pharmacology, pharmacokinetics to mentally ill clients.
- E. Compare and contrast the nursing care of clients with development disabilities and physical disorders with mentally health disorders.
- F. Discuss history of Mental Illness Health Act and professional ethics.
- G. Define and discuss anxiety, stress and phobias, including relationships to emotional and physical illness.
- H. Define and list the types of defense mechanisms used in health adjustment and understand and use the self awareness window.
- I. Define and discuss the types, diagnostic tests, clinical features, treatment regimen of schizophrenia.
- J. Identify the different affective disorders including treatment regimen.
- K. List and discuss the various types of personality disorders.
- L. Identify and discuss the somatic therapeutic used in the treatment of mentally ill

- client.
- M. Identify and discuss the personality types that are prone to drug and alcohol abuse.
- N. Describe the relationship between drug abuse and alcoholism with mental illness.
- O. List and describe the different types of leadership styles and give examples of group process.
- P. Describe and discuss the normal development and problems encountered during adolescence and their relationship to adulthood.
- Q. Recognize and describe the different types of conduct disorders and childhood psychosis
- R. List and differentiate the functional and dysfunctional aspect of human sexuality as it relates to mental illness

#### IV. CONTENT:

- A. Review the steps of Nursing Process as applied with mentally ill client.
  - 1. Assessment
  - 2. Plan
  - 3. Interventions
  - 4. Evaluation
- B. Review of pharmacology and pharmacokinetics
  - 1. Terms used for pharmacology
  - 2. Dosages and calculations
  - 3. Antipsychotic drugs
- C. Professional ethics
  - 1. Role of the Psychiatric Technician
  - 2. Rules and regulations as mandated by the BVNPTE
- D. Anxiety, Stress and Phobia
  - 1. Definition
  - 2. Relationships to emotional, physical illness
  - 3. Interventions and anti-anxiety medications
- E. Defense mechanisms and self awareness
  - 1. Definition and types of defense mechanisms with examples
  - 2. Most common defense mechanisms used by mentally ill vs. healthy individuals
  - 3. The Johari Window of self awareness
  - 4. Tools to increase self awareness
- F. History of Mental Illness and Mental Health Act
  - 1. Historical Perspective of Mental Illness
  - 2. Mental Health Act
    - a. Involuntary admission
    - b. Rights of patients
    - c. Writs
    - d. Types of commitments
    - e. Welfare and institution code
  - 3. Community Mental Health Center Services

- a. Pre-Post care
  - b. Diagnostic tests
  - c. Basic services
  - d. Education
- G. Schizophrenia and Psychotropic Drugs
- 1. Definition of terms
  - 2. Historical Perspective of Schizophrenia
  - 3. Predisposing cause of schizophrenia
  - 4. Diagnostic tests and procedures
  - 5. Characteristic features of schizophrenia
  - 6. Types of schizophrenia including signs and symptoms and treatment plans
  - 7. Psychotropic drugs and their general use.
  - 8. Side effects of psychotropic drugs
  - 9. Client teaching
  - 10. Nursing interventions for clients using psychotropic drugs
- H. Personality Disorders
- 1. Definition of terms
  - 2. Different types of personality disorders and characteristic features
  - 3. Current treatment of personality disorders
  - 4. Nursing interventions
- I. Affective Disorders
- 1. Definition of terms
  - 2. Types and characteristic features of affective disorders
  - 3. Treatment and nursing interventions
- J. Group Process and Leadership Styles
- 1. Definition of terms used in the group process
  - 2. Life stages of a group process
    - a. Initiation stage
    - b. Confrontation
    - c. Cohesion
    - d. Working stage
    - e. Termination
  - 3. Types of groups
    - a. L groups
    - b. Growth Groups
    - c. Psycho Therapy
      - 1. Gestalt
      - 2. Client centered
      - 3. T.A.
      - 4. Reality orientation
      - 5. Marathon
  - 4. Different Leadership styles
- K. Somatic Therapies
- 1. Review of neurotransmitters that affect mental illness



2. Types of somatic therapies used in the treatment of mental illness
  - a. Psycho-surgery
  - b. ECT
  - c. Insulin shock
  - d. Major psycho pharmacology
  - e. Orthomolecular therapy
  - f. Psychotherapy
- L. Normal Growth and Development
  1. Review of normal growth and development from birth to death
  2. Characteristics; physical and emotional from childhood to elder adult
  3. Problems encountered in completing developmental tasks
- M. Drug Abuse and Alcoholism
  1. Definition of terms and street names of drugs commonly used
  2. Relationships of certain personality types with abuse and drug dependency
  3. Four major population groups most prone to drug addiction
  4. Most commonly used drugs that are abused
    - a. Names of the drugs
    - b. Physical effects
    - c. Legitimate medical use (if any)
    - d. Withdrawal symptoms
    - e. Treatment plans
- N. Conduct Disorders and Childhood Psychosis
  1. Definition of terms
  2. Types
  3. Characteristic feature
  4. Causative factors
  5. Family dynamics
  6. Treatment plan
- O. Human Sexuality, Functional & Dysfunctional
  - a. Causative factors
  - b. General features
  - c. Preventive measures and treatment plans

#### V. METHODS OF INSTRUCTION

- A. Lecture
- B. Discussion
- C. Readings
- D. Role playing scenarios
- E. Group project and oral report
- F. Written assignments
- G. Audio visual
- H. Supervised clinical practice in hospital, and community settings

#### VI. TYPICAL ASSIGNMENT:

- A. Role-playing scenarios with the different case study regarding different types of mental illness

- B. Simulated one to one therapeutic communication
- C. Written assignments
  - 1. Forensic paper and group consensus project
  - 2. Various self awareness exercises as assigned
  - 3. Case study utilizing nursing process
  - 4. Completed simulated exercises utilizing doctors orders that will contract a correct medication treatment record
- D. Completion of the critical element check list for skills in the clinical setting

## VII. EVALUATION:

- A. Methods of Evaluation
  - 1. Objective examination
    - a. Sample of typical questions
      - 1. Personality disorders follow which of the following courses?
        - a. They begin in mid life as a result of mid life crisis
        - b. They begin in infancy and continue until age 45 when they spontaneously disappear
        - c. They begin in childhood or adolescence and gradually disappear by age 30
        - d. They begin at age 18 and continue till age 35, disappear and re-emerge at age 45
        - e. They begin in childhood or adolescence and continue throughout most of adult life
      - 2. Which of the following neurological side effects of the antipsychotic drugs is the most serious:
        - a. Akinesia
        - b. Dystonia reaction
        - c. Tardive dyskinesia
        - d. Akathesia
  - 2. Clinical performance of learned principles in care of clients
  - 3. Evaluation tool utilized in clinical setting must have a passing grade
- B. Frequency of Evaluation
  - 1. Laboratory experience skills are evaluated following completion of each clinical site experience
  - 2. Weekly, Bi-weekly midterm and final examination and quizzes

## VIII. TYPICAL TEXTBOOKS:

Taylor, Cecilia, Monat, Essentials of Psychiatric Nursing, 14th Edition, St. Louis, Missouri, Mosby, 1994

Townsend, Mary C., Nursing Diagnosis in Psychiatric Nursing, 14th Edition,  
Philadelphia, F.A. Davis, 1997

Keltner, Norman L., David Foks, G, Psychotropic Drugs, 2nd Edition, St. Louis,  
Missouri, Mosby, 1997

**IX. OTHER SUPPLIES REQUIRED OF STUDENTS:**

- A. Uniforms, shoes & ID name tag
- B. Stethoscope
- C. Watch with second hand counter

STATE OF CALIFORNIA  
Psychiatric Technicians – Unit #18 Joint Apprenticeship Committee

HQ: 2000 'O' Street, Suite 250, Sacramento CA 95814  
(916) 329-9140 or 1-800-677-2278

APPRENTICESHIP POLICES & PROCEDURES  
(April 2003)

The purpose of the Joint Apprenticeship Committee is to establish and maintain an organized, planned system of apprenticeship conducted as a joint labor and management undertaking. These Policies and Procedures have, therefore, been adopted and agreed upon under the latest edition of the Shelley-Maloney Apprenticeship Labor Standards Act to govern the employment and training of Psychiatric Technician Apprentices for the State of California.

1. The Joint Apprenticeship Committee is authorized to adopt such polices and procedures as are necessary for an effective training program providing, however, that such rules and regulations do not conflict with the Apprenticeship Standards registered with the State of California, Division of Apprenticeship Standards.
2. The Joint Apprenticeship Committee is authorized to enforce these Policies and Procedures including the power to recommend any appropriate disciplinary action up to and including termination for failure to fulfill his/her obligation on-the-job or in related instruction, or for good and sufficient reasons to take steps to have the Apprentice Agreement canceled.
3. The Joint Apprenticeship Committee is authorized to review the progress of each apprentice prior to each wage adjustment period and determine whether or not he/she is making satisfactory progress on-the-job and in related instruction and is entitled to advance to the next wage step and period.
  - a. Upon request, the Joint Apprenticeship Committee may grant an apprentice credit in the program provided that the individual and/or the employer submits sufficient written verification of equivalent on-the-job training and education in the specific subject area.
4. The Joint Apprenticeship Committee is authorized to ensure that there is provided, insofar as possible, continuous employment to all apprentices as well as diversified training in all the job processes of the profession, and to

that end may transfer and assign apprentices from one location to another.

5. Every apprentice shall perform diligently and faithfully the skills of a Psychiatric Technician during the entire period of the apprenticeship program, complying with the training program as administered by the Joint Apprenticeship Committee. The apprentice shall satisfactorily perform the assigned learning and work tasks, both on-the-job and in related educational instruction, and shall comply with the rules, regulations and decisions of the Joint Apprenticeship Committee.
6. An apprentice who is called to active military duty will be granted a leave from the apprenticeship program.
7. The Joint Apprenticeship Committee will adhere to the federal and states laws, including but not limited to, laws governing pregnancy leave, family medical leave, and workers compensation, as well as the Unit 18 collective bargaining agreement.
  - a. Apprentices will be responsible for notifying the Joint Apprenticeship Committee of the need to take a leave. A doctors note may be required outlining the type of leave necessary and whether the apprentice can continue with school and/or work. The apprentice must also notify the employer of the need to take a leave.
  - b. Apprentices will be granted a leave until he/she is able to continue.
  - c. In order to return to the apprenticeship program, apprentices who have been on leave due to workers compensation or other medical reasons, are required to provide a medical release stating they can perform the essential job functions without restrictions. If no release is provided the Apprentice Agreement will be terminated.
  - d. Apprentices will be responsible for relating the status of their leave quarterly to the union appointed Apprenticeship Training Advisor.
  - e. An apprentice who decides not to return to the apprenticeship program is required to request a termination of the Apprentice Agreement from the Joint Apprenticeship Committee.

## APPRENTICE RESPONSIBILITIES

1. Apprentices should always be on time for all assignments, both in the clinic and the classroom.
2. Apprentices should be properly attired on-the-job, during clinical assignments and in the classroom.
3. Apprentices should act and speak in respectable manner on-the-job, in the classroom and at clinical sites.
4. Applicants for the apprenticeship program must pass a drug-screening test.
5. Drugs or alcohol on-the-job or during school will not be tolerated. Apprentices may be drug-tested for reasonable suspicion during the term of their apprenticeship. An apprentice who tests positive may be disciplined up to and including termination of the Apprentice Agreement.
6. Sexual harassment and violence in the workplace will not be tolerated. Each apprentice should be aware and familiar with their employer's policy on these topics.
7. Each apprentice must keep the Joint Apprenticeship Committee office informed of any change of residence.
8. The probation period for new apprentices shall be not less than six (6) months and not less than 1000 hours of on-the-job work training.
9. Each apprentice shall maintain a regular, on-the-job attendance. Unnecessary absences from work or classroom instruction may be cause for dismissal and termination of the Apprentice Agreement.
10. Each apprentice must keep the Joint Apprenticeship Committee informed of any necessary leaves as outlined in Policies and Procedure Section, item 6 and 7.
11. Apprentices must satisfactorily complete all lessons and assignments missed due to absenteeism.
12. Apprentices must achieve a passing grade (equivalent to a "C" or better) in the prescribed courses or as outlined in the accredited program and school policies.
13. Vacation shall be taken at a time when school is not in session.

14. Apprentices must obtain a Certified Nursing Assistant certificate after the completion of the medical surgical unit. Failure to obtain this certificate will result in a delay in moving to the next salary range.

Apprentices who fail to become certified as a Certified Nursing Assistant in the stated timeframe will be allowed a three (3) month extension beyond the due date to become certified. If not certified by the end of the extension period, non-punitive termination may result.

15. Prior to the issuing of an apprenticeship certificate of completion, each indentured apprentice must pass the Psychiatric Technician Program and apply for a Psychiatric Technician license. The apprentice will have six (6) months to obtain the license.
16. Apprentices are from a select group and are looked upon as future Psychiatric Technicians. Possession and maintenance of sufficient strength, agility and endurance to perform duties physically, mentally, and emotionally stressful and emergency situations encountered on the job without endanger the health and well-being of the apprentice, fellow employees, clients, patients or the public.

#### ABSENCES FROM CLINICAL AND RELATED INSTRUCTION

There will be no unexcused absences. Apprentices will be held to the written attendance policy of the accredited program and school. After three (3) absences per semester, the employer will be informed that the apprentice is missing mandatory trade related training.

Excessive absences may result in termination of your Apprentice Agreement.

#### WORK ABSENCES

Absences from work are covered under Article 6 of the Unit 18 collective bargaining agreement between the California Association of Psychiatric Technicians and the State of California.

#### BENEFITS

Apprentice benefits are covered the under the Unit 18 collective bargaining agreement between the California Association of Psychiatric Technicians and the State of California.

CANCELLATION OF AN APPRENTICE AGREEMENT FOR A JUST CAUSE

The Apprentice Agreement will be cancelled after written notice or when an apprentice has voluntarily dropped out of the program. In either case the Apprentice Agreement shall be automatically terminated. An apprentice who receives notice of intent to cancel the agreement may appear before the Joint Apprenticeship Committee to request that the agreement not be terminated. If this step proves unsuccessful, they may then file a complaint with the Division of Apprenticeship Standards.

I have read and I understand the above rules and requirements of the State of California Psychiatric Technicians Joint Apprenticeship Committee. I further understand that I may be disciplined and/or terminated for failure to comply.

\_\_\_\_\_  
Signature of Apprentice

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Apprenticeship Training Advisor (Union appointed)

\_\_\_\_\_  
Date

Original: Apprenticeship Training Advisor

Copy: Apprentice



## ACKNOWLEDGEMENT

I have received a copy of the Psychiatric Technicians Joint Apprenticeship Committee's Policies and Procedures and the Apprenticeship Standards of the State of California Psychiatric Technician, Unit 18 Joint Apprenticeship Committee.

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Signature of Apprentice

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Date

Original: Personnel File

Copy: Apprentice  
Training Coordinator or Designee

VISION OF APPRENTICESHIP STANDARDS  
DEPARTMENT OF INDUSTRIAL RELATIONS  
STATE OF CALIFORNIA  
INTER-OFFICE MAILED Transmittal

Page 1 of 1

Date Sent: 12-22-2003

To: DAS, Record Section  
Division Headquarters  
San Francisco

From: *Lucille Acosta*  
~~Minnie Peindexter~~  
Senior Apprenticeship Consultant  
DAS, SANTA ANA

Transmittal No: 1000038325

DISTRICT: 14

RE: Proposed Standards

Total number of programs: 1

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File No: 355377014 91 Proposed Level: 1 Status: 99

STATE OF CALIFORNIA . PSYCHIATRIC TECH UNIT 18 JAC  
PSYCHIATRIC TECHNICIAN

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RECEIVED  
DEC 24 2003  
DAS HDQ RECORDS SEC.

