



EMPLOYER MANDATORY REPORTING FORM

Pursuant to Business and Professions Code (Code) sections 2878.1 and 4521.2, any employer of a licensed vocational nurse (LVN) or psychiatric technician (PT) shall report to the Board of Vocational Nursing and Psychiatric Technicians (Board) the suspension or termination for cause of any LVN or PT in their employ. The report shall be made within 30 days of the suspension/termination. Failure to make a report is punishable by an administrative fine of up to \$10,000 per violation. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of section 800 of the Code, and shall not be subject to discovery in civil cases. No person shall incur any civil penalty as a result of submitting any required report (*Code sections 2878.1 (e) and 4521.2 (e) and Civil Code Section 43.8*).

EMPLOYER REPORTING INFORMATION						
Full Name	First	Last				
Title						
Business Name						
Business Address	Street Address	City	State	Zip Code		
Telephone Numbers	Home: ()	Work: ()	Cell: ()			
LICENSEE SUSPENDED OR TERMINATED						
Full Name	First	Last				
License Number						
Address	Street Address	City	State	Zip Code		
Telephone Numbers	Home: ()	Work: ()	Cell: ()			
REASON FOR THE SUSPENSION OR TERMINATION						
<i>Please mark all applicable boxes that best describe the incident(s):</i>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Use of controlled substances or alcohol <input type="checkbox"/> Falsification of medical records <input type="checkbox"/> Gross negligence or incompetence <input type="checkbox"/> Other (please describe): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Unlawful sale of a controlled substance or other prescription items <input type="checkbox"/> Patient neglect, physical harm, or sexual contact with a patient <input type="checkbox"/> Theft from patients, other employees, or the employer </td> </tr> </table>					<input type="checkbox"/> Use of controlled substances or alcohol <input type="checkbox"/> Falsification of medical records <input type="checkbox"/> Gross negligence or incompetence <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Unlawful sale of a controlled substance or other prescription items <input type="checkbox"/> Patient neglect, physical harm, or sexual contact with a patient <input type="checkbox"/> Theft from patients, other employees, or the employer
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LOCATION AND DATE(S) OF INCIDENT(S)						
Location	Other _____					
Business Name (If applicable)						
Address Incident Occurred	Street Address	City	State	Zip Code		
Date(s) of Incident						

DESCRIPTION OF INCIDENT

(Please use additional sheets, if necessary)

WITNESS INFORMATION

If there were any witnesses to the incident, please provide the following information:

Witness #1 Name:	Witness #2 Name:	Witness #3 Name:
Title:	Title:	Title:
Phone #:	Phone #:	Phone #:
Business:	Business:	Business:
Address:	Address:	Address:

INCIDENT REPORTED TO OTHER INDIVIDUALS OR ENTITIES

If the incident(s) was reported to another individual or entity, please provide the following information for each individual or entity:

Name:	Name:	Name:
Phone #:	Phone #:	Phone #:
Date Reported:	Date Reported:	Date Reported:
Action Taken:	Action Taken:	Action Taken:

ATTACHMENTS

Please attach the following supporting documentation relevant to the incident(s):

- | | |
|---|--------------------------------------|
| √ All documentation regarding suspension or termination | √ Drug/alcohol test results |
| √ Personnel file (all performance issues related to suspension/termination) | √ Employee duty statement |
| √ Work schedule & assignment sheets | √ Any other supporting documentation |

Mandatory reporting requirements are not deemed complete until all pertinent and applicable information relevant to the incident(s) reported is received by the Board. Additional documentation may be requested.

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the foregoing information is true and correct and that any documents attached are true copies. I am aware that, if any statements made by me are knowingly false, I may be subject to punishment.

Signature _____

Date _____