



EMPLOYER REPORTING FORM

EMPLOYER REPORTING INFORMATION				
Full Name	First	Last		
Title				
Business Name				
Business Address	Street Address	City	State	Zip Code
Telephone Numbers	Home:	Work:	Cell:	
Email Address				
LICENSEE SUSPENDED OR TERMINATED				
Full Name	First	Last		
License Number				
Address	Street Address	City	State	Zip Code
Telephone Numbers	Home:	Work:	Cell:	
MANDATORY REPORTING FOR SUSPENSION OR TERMINATION				
<p>Pursuant to Business and Professions code 2878.1 and 4521.2, any employer of a licensed vocational nurse or psychiatric technician shall report to the board the suspension or termination for cause, or resignation for cause, of any licensee in its employ for any of the following reasons (check all appropriate boxes):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of controlled substances or alcohol to the extent that it impairs the licensee's ability to safely practice vocational nursing. <input type="checkbox"/> Unlawful sale of a controlled substance or other prescription items. <input type="checkbox"/> Patient or client abuse, neglect, physical harm, or sexual contact with a patient or client. <input type="checkbox"/> Falsification of medical records. <input type="checkbox"/> Gross negligence or incompetence. <input type="checkbox"/> Theft from patients or clients, other employees, or the employer. <p>Reports of all other incidents are considered voluntary.</p> <p>This required reporting shall not constitute a waiver of confidentiality of medical records.</p>				
VOLUNTARY REPORTING FOR CAUSE				
<p>Please complete Description of Incident below.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				

