



Respiratory Care Board of California
 3750 Rosin Court, Suite 100, Sacramento, CA 95834
 Telephone: (916) 999-2190 Toll Free: (866) 375-0386 Fax: (916) 263-7361
 Website: www.rcb.ca.gov E-mail: rcbinfo@dca.ca.gov



EMPLOYER ACKNOWLEDGMENT

As a condition of probation, the respiratory care practitioner (RCP) is required to inform an employer (generally his/her supervisor and facility administrator or respiratory care department director), and any subsequent employer during the probation period, of the discipline imposed by providing the employer with a copy of his/her Decision and Order and Accusation or Statement of Issues. These documents are public record. The RCP must further ensure his/her employer acknowledges the receipt of the Decision and Order and Accusation or Statement of Issues by completing and submitting this form to the Respiratory Care Board.

Name of Probationer: _____

Probationer's Position/Title: _____ Date of Hire: _____

Employer Name: _____

Employer Address: _____

Employer Main Telephone: _____

Employer Dept. Telephone: _____

Current Supervisor(s): _____

Respiratory Care Dept. Director: _____

Hospital Administrator: _____

- | | |
|---|--|
| 1) As the employer, did the probationer provide you with a hard copy of his/her Decision and Order in this case? | YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] |
| 2) As the employer, did the probationer provide you with a hard copy of his/her Accusation or Statement of Issues in this case? | YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] |
| 3) As the employer, are you aware that the probationer has been issued a probationary pocket license that you may request he/she produce? | YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] |

I certify that I am the above-named probationer's supervisor, manager, or administrator as designated by my employer and that I have completed this report. Further, I have retained a copy of this report for my records and have provided a copy to the Human Resources Department.

Print Name

Print Title

Signature

Date

PLEASE MAIL ALL ORIGINAL FORMS DIRECTLY TO THE BOARD, INCLUDING WHEN PROVIDING A COPY BY FACSIMILE.