



# Respiratory Care Board of California

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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 all current and subsequent employers, directors, managers, supervisors, and contractors during the probation period, of the discipline imposed by providing his/her current and subsequent human resources personnel, directors, managers, supervisors, and contractors with a complete copy of his/her decision and order and accusation or statement of issues prior to the beginning of or returning to employment or within 3 days. 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. In addition, any employer, director, manager, supervisor or contractor, shall report to the Board immediately within 24 hours, if he/she suspects the probationer is under the influence of alcohol or any substance or has had any occurrence of substance abuse.

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 [ ] NO [ ]

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 [ ] NO [ ]

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 [ ] NO [ ]

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.**