



INITIAL COMPLIANCE REPORT

Probationer Name: _____ Effective Date of Probation: _____

Date Report Completed: _____

Probationary Order

1. Did you or your probation monitor read verbatim your probationary order on this date? YES [] NO []
2. Do you fully understand each and every term and condition of your probation? YES [] NO []

Initial Submission Requirements

3. On this date, have you been provided one or more clean copies of the "Employer Acknowledgment" form? YES [] NO []
4. Do you understand the "Employer Acknowledgment" form must be completed by each of your employers and submitted directly by your employers within 14 days of the date of this report? YES [] NO []
5. Do you understand you are required to make copies of the "Employer Acknowledgment" form as needed for new and/or future employers and that you should contact the Respiratory Care Board Office, Probation Unit if you need additional forms? YES [] NO []
6. Do you understand forms may be obtained by accessing the Board's website at www.rcb.ca.gov? YES [] NO []

Quarterly Submission Requirements

7. On this date, have you been provided one or more clean copies of the "Quarterly Report of Compliance?" YES [] NO []
8. On this date, have you been provided one or more clean copies of the "Supervisor Quarterly Report of Performance?" YES [] N/A []
9. Do you understand that the forms you have been provided as listed in questions 7 and 8 (if applicable) must be completed and submitted quarterly as stated on the forms and below? YES [] NO []

REPORTING PERIOD

DATES DUE

January 1st - March 31st

April 1st - April 7th

April 1st - June 30th

July 1st - July 7th

July 1st - September 30th

October 1st - October 7th

October 1st - December 31st

January 1st - January 7th

10. Do you understand that failure to submit complete and timely Quarterly Reports of Compliance and Support Group Attendance Verification Forms (if applicable) is a violation of your probation? YES [] NO []
11. Do you understand that you are ultimately responsible for ensuring each of your employers submit complete and timely Supervisor Quarterly Reports of Performance (if applicable) and that failure to do so is a violation of your probation? YES [] N/A []
12. Do you understand that you must make copies of the forms you received today for your continued use and if you should need additional forms you must contact the Respiratory Care Board, Probation Unit immediately or obtain forms by accessing the Board's website at www.rcb.ca.gov? YES [] NO []

The following questions refer to the time period since your effective date of probation _____:

- 19) Have you complied with every term and condition of your probation? IF YOU ANSWERED NO, please explain: YES [] NO []
- 20) Have you had any disciplinary action taken by any federal, state, other governmental agency or country against any professional or vocational license you now hold or have held in the past? YES [] NO []
- 21) Have you resigned from any employment or has your employment been suspended or terminated? YES [] NO []
- 22) Is there any civil suit filed or pending against you? YES [] NO []
- 23) Have you been denied or have you surrendered a license or certificate to practice a business or profession by any other federal, state, governmental agency or other country? YES [] NO []
- 24) Are you in the process of applying for any other business or professional license or certificate? YES [] NO []
- 25) Have you applied for, or are in the process of applying for any health related positions? YES [] NO []
- 26) Are you now being treated for addiction to alcohol and/or drugs other than what is required as part of the terms and conditions of your probation? YES [] NO []

If you respond "YES" to questions 20 - 26, you must provide an explanation(s)

- 27) List All employers you have worked for over the last year. This includes all registries, hospitals, other facilities and non-respiratory care employment, any volunteer employment/work with or without compensation and internships with or without school credits or any other form of compensation. If you have additional employers, you must list the same information on an attached sheet of paper. If you are employed by a registry, you must also list the same information for each facility you have been assigned to on an attached sheet of paper. Check here if you have attached additional information.

① Employer Name: _____ Supervisor: _____
Employer City: _____ Telephone No. _____
Hire Date: _____ End Date: _____

② Employer Name: _____ Supervisor: _____
Employer City: _____ Telephone No. _____
Hire Date: _____ End Date: _____

③ Employer Name: _____ Supervisor: _____
Employer City: _____ Telephone No. _____
Hire Date: _____ End Date: _____

I hereby submit this Report as required by the California Department of Consumer Affairs, Respiratory Care Board and its Order of probation thereof, and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true in every respect, and understand that misstatements or omissions of material fact may be cause for revocation of probation.

Signature

Date