



RESPIRATORY CARE BOARD OF CALIFORNIA
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EMPLOYER MANDATORY REPORTING FORM

Pursuant to Business and Professions Code (B&PC) section 3758 and 3758.6, any employer of a respiratory care practitioner (RCP) shall report to the Respiratory Care Board (RCB) the suspension or termination for cause of any RCP in their employ and that RCP's supervisor's name, professional license type, and license number. Failure to make a report is punishable by an administrative fine of up to \$10,000 per violation. The reporting required herein shall not act as a waiver of confidentiality of medical records. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 of the B&PC, and shall not be subject to discovery in civil cases. In addition, pursuant to B&PC sections 2318, 3759 and Civil Code Section 43.8, no person shall incur any civil penalty as a result of making any report required.

REPORTING EMPLOYER INFORMATION

FULL NAME TELEPHONE		
TITLE		TELEPHONE # ()
BUSINESS NAME		
BUSINESS ADDRESS		

INFORMATION ON EMPLOYEE SUSPENDED OR TERMINATED

FULL NAME		RCP LICENSE #
BUSINESS NAME		
BUSINESS ADDRESS		
SUPERVISOR'S NAME		TELEPHONE # ()
SUPERVISOR'S PROF LIC TYPE		LICENSE #

REASON FOR SUSPENSION OR TERMINATION

SUSPENSION DATE: _____ TERMINATION DATE: _____

Please mark the box(es) that best describes the incident:

- | | |
|--|--|
| <input type="checkbox"/> Use of controlled substances or alcohol | <input type="checkbox"/> Unlawful sale of controlled substances or other prescription items |
| <input type="checkbox"/> Falsification of medical records | <input type="checkbox"/> Patient neglect, physical harm to a patient, or sexual contact with a patient |
| <input type="checkbox"/> Gross incompetence or negligence | <input type="checkbox"/> Theft from patients, other employees, or the employer |
| <input type="checkbox"/> Other (please describe): _____ | |

WITNESS INFORMATION

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

WITNESS NAME	WITNESS NAME	WITNESS NAME
TITLE	TITLE	TITLE
PHONE #	PHONE #	PHONE #
BUSINESS	BUSINESS	BUSINESS
ADDRESS	ADDRESS	ADDRESS

