



QUARTERLY REPORT OF COMPLIANCE

Probationer Name: _____ Date Completed: _____
 Address: _____ Telephone No.: () _____
 _____ Pager No.: () _____

CHECK APPROPRIATE BOX FOR REPORTING PERIOD COVERED

<u>Report Period</u>	<u>Due to the Board Between:</u>
<input type="checkbox"/> January 1 st - March 31 st	April 1 st - April 7 th
<input type="checkbox"/> April 1 st - June 30 th	July 1 st - July 7 th
<input type="checkbox"/> July 1 st - September 30 th	October 1 st - October 7 th
<input type="checkbox"/> October 1 st - December 31 st	January 1 st - January 7 th
<input type="checkbox"/> Other: _____ to _____	

EMPLOYMENT HISTORY FOR PAST QUARTER

Since your last quarterly report have you been employed full time? YES [] NO []

If so, please provide the approximate number of hours worked each month: _____

What shift are you most often scheduled to work? Circle one: AM or PM Start Time: _____ End Time: _____

LIST ALL EMPLOYERS DURING THE LAST QUARTER

This includes volunteer employment with or without compensation and internships with or without school credits or any other form of compensation. Note: 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.

Employer #1 Name: _____ Supervisor: _____

Employer City: _____ Telephone No. _____

Employer #2 Name: _____ Supervisor: _____

Employer City: _____ Telephone No. _____

Employer #3 Name: _____ Supervisor: _____

Employer City: _____ Telephone No. _____

THE FOLLOWING QUESTIONS REFER TO THE TIME PERIOD SINCE YOU LAST COMPLETED A QUARTERLY REPORT OF COMPLIANCE:

1) Have you complied with every term and condition of your probation? YES [] NO []

IF YOU ANSWERED NO, please explain: _____

2) 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 []

- 3) Have you resigned from any employment or has your employment been terminated? YES [] NO []
- 4) Have you had any corrective action taken against you by any of your employers (includes warnings)? YES [] NO []
- 5) 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 []
- 6) Are you in the process of applying for any other business or professional license or certificate? YES [] NO []
- 7) Have you worked in a supervisory or managerial capacity? YES [] NO []
- 8) Have you worked in home care? YES [] NO []
- 9) Is there any civil suit filed or pending against you? YES [] NO []
- 10) Have you applied for, or are you in the process of applying for any health related positions? YES [] NO []

IF YOU ANSWERED YES to #10, please provide the potential employer's name, address, telephone no. and contact person:

- 11) Have you been 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 []
- 12) Have you violated, or been arrested, convicted of, or cited for driving under the influence-alcohol or drugs? YES [] NO []
- 13) Have you violated, been arrested, convicted of, or received a citation for reckless driving or any other vehicle code violation involving alcohol or drugs or any incident involving alcohol or drugs? YES [] NO []
- 14) Have you violated, been arrested, diverted for, convicted of, or pled nolo contendere in any state court, federal court or foreign country to any:
- a) misdemeanor YES [] NO []
- b) felony YES [] NO []
- c) other offense YES [] NO []

YOU MUST DISCLOSE ALL MISDEMEANORS AND FELONIES INCLUDING BUT NOT LIMITED TO CIVIL, WELFARE, HEALTH AND SAFETY, VEHICLE, OR PENAL CODE CONVICTIONS. A CONVICTION FOLLOWING A PLEA OF NOLO CONTENDERE IS DEEMED A CONVICTION .

IF YOU ANSWER YES, to the above question numbers 2 - 9 or 11 - 14, you must explain in detail below and/or attach an additional sheet of paper with your explanation(s).

EXPLANATIONS

I hereby submit this Quarterly Report as required by the California Department of Consumer Affairs, Respiratory Care Board of California 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