



# RESPIRATORY CARE BOARD OF CALIFORNIA

3750 Rosin Court, Suite 100, Sacramento, CA 95834

T: (916) 999-2190 | Toll-Free: (866) 375-0386 | F: (916) 263-7311

E: rcbinfo@dca.ca.gov | www.rcb.ca.gov



## QUARTERLY REPORT OF COMPLIANCE

NAME:			LICENSE NUMBER:
DATE COMPLETED:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	HOME:	WORK:	
EMAIL:			

### Report Period:

- January 1<sup>st</sup> – March 31<sup>st</sup>
- April 1<sup>st</sup> – June 30<sup>th</sup>
- July 1<sup>st</sup> – September 30<sup>th</sup>
- October 1<sup>st</sup> – December 31<sup>st</sup>
- Other: \_\_\_\_\_ to \_\_\_\_\_

### Due to the Board Between:

- April 1<sup>st</sup> – April 7<sup>th</sup>
- July 1<sup>st</sup> – July 7<sup>th</sup>
- October 1<sup>st</sup> – October 7<sup>th</sup>
- January 1<sup>st</sup> – January 7<sup>th</sup>

## EMPLOYMENT HISTORY FOR THE PAST QUARTER

You must disclose all employers during the last quarter including any registries or non-respiratory care field employment. This includes volunteer employment with or without compensation and internships with or without school credits or any other form of compensation. 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.:	

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

If yes, please provide the appropriate number of hours worked each month: \_\_\_\_\_

When are you most often scheduled to work?  AM  PM Start time: \_\_\_\_\_ End time: \_\_\_\_\_

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

1. Have you complied with all terms and conditions of your probation?	Yes ___	No ___
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 ___



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- 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 or for a registry? Yes \_\_\_ No \_\_\_
- 9. Have you worked as part of a transport team? Yes \_\_\_ No \_\_\_
- 10. Have you provided clinical or classroom instruction to any respiratory care student or applicant? Yes \_\_\_ No \_\_\_
- 11. Is there a civil suit filed or pending against you? Yes \_\_\_ No \_\_\_
- 12. Have you applied for, or are you in the process of applying for any health related positions? Yes \_\_\_ No \_\_\_

If yes, please provide the potential employer's name, address, telephone number, and contact person:

- 13. 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 \_\_\_
- 14. Have you violated, or been arrested, convicted of, or cited for driving under the influence of alcohol or drugs? Yes \_\_\_ No \_\_\_
- 15. Have you violated, or been arrested, convicted of, or received a citation for reckless driving or any vehicle code violation involving alcohol or drugs or any incident involving alcohol or drugs? Yes \_\_\_ No \_\_\_
- 16. Have you violated, or been arrested, diverted for, convicted of, or pled nolo contendere in any state court, federal court, or foreign country to a:
  - 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 answered yes to questions 2-15, you must explain in detail below and/or attach an additional sheet of paper with your explanation.

DETAILS:

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I hereby submit this quarterly report of compliance as required by the respiratory care board and declare under penalty of perjury of the laws of the State of California that all information reported is true and correct in every respect. I understand that any misstatements or omissions of material fact may be cause for revocation of probation.

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_