



EMPLOYER REPORTING FORM

Full Name	First	Last	
Title			
Business Name			
Business Address	Street Address	City	State Zip Code
Telephone Numbers	Home: ()	Work: ()	Cell: ()
Email Address			

Full Name	First	Last	
License Number			
Address	Street Address	City	State Zip Code
Telephone Numbers	Home: ()	Work: ()	Cell: ()

Pursuant to Business and Professions code 2878.1 and 4521.2, any employer of a licensed vocational nurse or psychiatric technician shall report to the board the suspension or termination for cause, or resignation for cause, of any licensee in its employ for any of the following reasons (check all appropriate boxes):

- Use of controlled substances or alcohol to the extent that it impairs the licensee's ability to safely practice vocational nursing.
- Unlawful sale of a controlled substance or other prescription items.
- Patient or client abuse, neglect, physical harm, or sexual contact with a patient or client.
- Falsification of medical records.
- Gross negligence or incompetence.
- Theft from patients or clients, other employees, or the employer.

Reports of all other incidents are considered voluntary.

This required reporting shall not constitute a waiver of confidentiality of medical records.

Please complete Description of Incident below.
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