

Board of Vocational Nursing and Psychiatric Technicians 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945 Phone 916-263-7800 Fax 916-263-7857 Web www.bvnpt.ca.gov



EMPLOYER REPORTING FORM

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

-			E(S) OF INCIDENT(S)		
Location Business Name	Hospital Ho	me Other			
(If applicable)					
Address Incident Occurred	Street Address		City	State	Zip Cod
Date(s) of Incident					
		DESCRIPTION (Please use additional			
		WWW.Fac. N.			
70.1		WITNESS INF			
		please provide the follow			
Witness #1 Name:		itness #2 ame:	Witness #3 Name:		
Title:	Ti	tle:	Title:		
Phone #:	Pl	none #:	Phone #:		
Business:	B	usiness:	Business:		
Address:	A	ddress:	Address:		
			ER INDIVIDUALS OR F		
If the incident(s) was entity:	reported to another t	individual or entity, pleas	e provide the following information f	for each ind	ividual or
Name:		Name:	Name:		
Phone #:		Phone #:	Phone #:		
Date Reported:		Date Reported:	Date Reported:		
Action Taken:		Action Taken:	Action Taken:		
		•	tate of California that to the be		_
		-	y documents attached are true nay be subject to punishment.	copies. I	' am awa
ignature			Date		