

NOTICE TO EMPLOYEES
Veterinary Assistant Controlled Substances Permit (VACSP)

Return to the Board by: _____
(15 days from effective date)

VACSP holder's name: _____ Permit # _____

Term of probation: From _____ to _____

The VACSP holder named above has been placed on probation with the Veterinary Medical Board. As a condition of probation, the permitholder is required to post or circulate a notice, which recites the offenses for which he/she has been disciplined and the terms and conditions of probation, to all registered veterinary employees, and to any preceptor, intern or extern involved in his/her veterinary practice.

The Section Below is to be Completed by the Acknowledging Party

I acknowledge that I have been provided with a true copy of the Accusation or Statement of Issues and the Decision and Order for the VACSP named above. Your signature verifies that you have read the Board's action and understand the terms and conditions of probation.

Dated: _____ Signature: _____

Print Name: _____

Dated: _____ Signature: _____

Print Name: _____

Dated: _____ Signature: _____

Print Name: _____

Dated: _____ Signature: _____

Print Name: _____

Please return this completed form to the address shown above Attention Probation Unit.