

VETERINARY MEDICAL BOARD HOSPITAL INSPECTOR POSITION INFORMATION

Evaluation Process/Inspector Qualifications

The initial applicant evaluation process involves the following:

Minimum Qualifications

To be considered for employment as a Board inspector, applicants must meet the minimum qualifications shown below:

- ✓ Possess a valid and current California Veterinary License or RVT certificate and;
- ✓ Have five (5) years of clinical practice experience within the six (6) years immediately preceding application submission and;
- ✓ No past or current disciplinary action taken against license or certificate in this or any other state or territory and;

Special Personal and Physical Characteristics

Inspectors must be able to read, write legibly and speak English at a level necessary for job performance; to interpret and apply sections of State laws which relate to veterinary practice; to analyze data and draw sound conclusions; to think and act quickly and appropriately in extreme situations; to write complete and concise reports; to deal with people in a courteous and fair manner. Inspectors must also be able to walk long distances; travel throughout the state and work odd and irregular hours. Keenness of observation, appropriate demeanor and professional attire are required as each inspector is a representative of the State of California and Veterinary Medical Board.

Inspectors must have knowledge of current acceptable veterinary practice including, but not limited to: record keeping; sanitation; building safety, standards regarding veterinary establishments; equipment used in veterinary hospitals; instrumentation use; treatment procedures; written record keeping requirements; drug dispensing and drug inventory requirements; RVT duties, unregistered assistant duties and scope of practice for each license type; inspection techniques and procedures for rules of evidence followed in court and administrative hearings; basic veterinary hospital management principles, e.g., veterinarian/client/patient relationship, proper patient management; acceptable housing standards; narcotic logs.

Inspectors must have knowledge of the laws and regulations relating to the practice of veterinary medicine in California so as to assure compliance with the provisions of the Business and Professions Code, California Code of Regulations, and Health and Safety Code. Inspectors must understand the necessity of maintaining the minimum standards of practice of veterinary hospitals through the hospital inspection program and understand the Veterinary Medical Board's role as a regulatory agency and its responsibility to consumers of veterinary services and the veterinary medical profession.

Applications are evaluated based on:

1. Organization and specificity
2. Ability of the applicant to communicate clearly and demonstrate understanding of the inspection program.

Interview of Qualified Applicants

Based upon the evaluation of the applications received, interviews will be conducted with only the most qualified candidates.

The Board will conduct preliminary telephonic interviews with applicants for the Inspector position. Based on the telephonic interview, applicants will be evaluated in a subsequent in-person interview at the Board's office located in Sacramento. Interviews will be based on the criteria below:

- ❖ Oral presentation
- ❖ Ability to communicate clearly
- ❖ Interpersonal skills
- ❖ Professional appearance
- ❖ Knowledge of laws relating to veterinary medicine

Reimbursement for Inspections

Inspectors are paid on a per-hospital-inspection basis.

Inspectors are required to complete a Hospital Inspection Report (IR) for each hospital inspection. The checklist is used during each inspection to document the areas of the law where the licensee is either satisfactory (compliant) or unsatisfactory (deficient). Inspectors will submit invoices for payment at the beginning of each month for any inspection conducted the immediately preceding month. The Inspector will authorize thirty (30) days for corrections of deficiencies and will review any documentation submitted to verify correction of the deficiencies within the 30 day period. Inspectors also must submit the completed IRs, along with any supplemental compliance documentation on a monthly basis.

In cases where documentation is not received within the 30 day stated time period or the correction documentation is insufficient, the Inspector must provide the Board with written notification of nonresponsive facilities and/or non-corrected deficiencies when submitting monthly inspection paperwork.

Once the invoices for completed inspection(s) are reviewed and approved by the Board's Hospital Inspection Coordinator and the Executive Officer, they are forwarded to the Department of Consumer Affairs' Accounting Office for payment. Upon completion of a review, the Accounting Office submits the invoices for payment to the State Controller's office for issuance of a pay warrant.

Payment processing for completed inspections can take up to ninety (90) days.

VETERINARY MEDICAL BOARD HOSPITAL INSPECTOR POSITION (CONTRACTOR)

PRINT OR TYPE

APPLICANTS NAME (LAST) (FIRST) (M.I.)

MAILING ADDRESS (NUMBER) (STREET)

(CITY) (STATE) (ZIP)

EMAIL ADDRESS

TELEPHONE NUMBER FAX NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Do you possess a valid and current veterinary license or registered veterinary technician certificate?

No _____ Yes _____ License or Certificate number: _____

2. Have you worked in a clinical practice setting a minimum five (5) years within the previous six years?

No _____ Yes _____ (Please indicate on page 2 and 3 of application)

3. Have you had any disciplinary action taken against your license or certificate in California or any other state or territory?

No _____ Yes _____

4. If you have ever been in a contract agreement with the State of California, have you ever had an unsatisfactory contractor evaluation filed with the Department of General Services, Office of Legal Services?

No _____ N/A _____ (Never had a contract with the State of California)

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING

APPLICATION WILL BE REJECTED IF NOT SIGNED.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the Request for Proposal process with the Veterinary Medical Board. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

APPLICANT'S SIGNATURE DATE SIGNED

EDUCATION INFORMATION

Name & Location Of Institution	Attendance		Course of Study	Date of Graduation	Degree Received
	From	To			

LICENSURE HISTORY

Please list all states/provinces where you have been or are currently licensed or registered:
(Attach additional page if necessary)

STATE/PROVINCE	LICENSE #	STATUS

EMPLOYMENT HISTORY (Please list most recent position first)

COMPLETE AND ATTACH RESUME OR CURRICULUM VITAE

Please list relevant work experience:

FROM (MM/YYYY)	TO (MM/YYYY)	TITLE
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME
SUPERVISOR		ADDRESS
TELEPHONE NUMBER		CITY STATE ZIP

EMPLOYMENT HISTORY (Continued)

FROM (MM/YYYY)	TO (MM/YYYY)	TITLE	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME	
SUPERVISOR		ADDRESS	
TELEPHONE NUMBER		CITY	STATE ZIP

FROM (MM/YYYY)	TO (MM/YYYY)	TITLE	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME	
SUPERVISOR		ADDRESS	
TELEPHONE NUMBER		CITY	STATE ZIP

FROM (MM/YYYY)	TO (MM/YYYY)	TITLE	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME	
SUPERVISOR		ADDRESS	
TELEPHONE NUMBER		CITY	STATE ZIP

PROFESSIONAL REFERENCES

List below three professional peer references.

REFERENCE 1

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number

REFERENCE 2

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number

REFERENCE 3

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number