



Veterinary Medical Board
1747 North Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



Veterinary Assistant Controlled Substances Permit Holder/Licensee Manager Agreement

Date: _____

VACSP Holder Information

VACSP Name: _____

VACSP Number: _____ Expiration Date: _____

Work Location: _____

(Managing Licensee) Supervisor Information

Name: _____

Work Location: _____

Telephone Number: _____

Premise Permit Number: _____ Expiration Date: _____

License Number: _____ Expiration Date: _____

Email: _____

The permit holder must cease practicing immediately upon termination of the supervisory relationship with the Licensee Manager and the Licensee Manager must notify the Board, in writing, within 10 days of termination of the supervisory relationship. A Licensee Manager or permit holder who fails to comply with the laws and regulations shall be subject to disciplinary action by the Board.

I/we agree to the terms specified sections 2034, 2035, and 2036.5 of Article 4 of Division 20 of Title 16 of the California Code of Regulations (CCR) relating to the supervision of a permit holder and sections 2087, 2087.1, 2087.2, and 2087.3 of Article 11 of Division 20 of Title 16 of the CCR relating to Veterinary Assistant Controlled Substances Permit requirements.

Signatures:

Permit Holder

Date

Licensee Manager

Date