



ADD/CHANGE SUPERVISOR(S) AND/OR WORK LOCATION(S) APPLICATION INSTRUCTIONS

This application is for:

- Notification of an addition or change in Supervisor(s) and/or Work Location(s) for a Veterinary Assistant Controlled Substances Permit

Additional Information

The new Supervisor (Managing Licensee) of a Veterinary Assistant Controlled Substances Permit (VACSP) holder must also submit the following forms:

- Veterinary Assistant Controlled Substances Permit Holder / Licensee Manager Agreement
- Licensee Manager Acknowledgment.

Note: This form must be completed by the VACS Permit holder

Completing the Add/Change Supervisor and/or Work Location(s) Application does not require a replacement permit to be issued.

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Mail completed application to the Veterinary Medical Board to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834-2978.



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



ADD/CHANGE SUPERVISOR(S) AND/OR WORK LOCATION(S) APPLICATION

1. APPLICATION INFORMATION *(Please select applicable option)*

<p>VACSP (Managing Licensee) Supervisor (2, 3, and/or 4, and 6)</p> <p><input type="checkbox"/> VACSP (Managing Licensee) Supervisor Association*</p> <p><input type="checkbox"/> VACSP (Managing Licensee) Supervisor Disassociation</p> <p>VACSP Work Location (2, 5, and 6)</p> <p><input type="checkbox"/> Change Work Location</p> <p><input type="checkbox"/> Add New Work Location</p> <p>Note: This form must be completed by the VACS Permit holder</p>	<p>Please mail completed application to:</p> <p>Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978</p>
<p>*A new associated (Managing Licensee) Supervisor of a VACSP holder must also submit: <i>Veterinary Assistant Controlled Substances Permit Holder / Licensee Manager Agreement, and Licensee Manager Acknowledgment</i></p>	

2. VACSP HOLDER INFORMATION

VACSP HOLDER LAST NAME	FIRST NAME	MIDDLE NAME	PERMIT NUMBER
EMAIL ADDRESS		PHONE NUMBER	

3. VACSP (MANAGING LICENSEE) SUPERVISOR ASSOCIATION INFORMATION

SUPERVISOR LAST NAME	FIRST NAME	MIDDLE NAME	LICENSE NUMBER
PREMISE NAME			PREMISE NUMBER

4. VACSP (MANAGING LICENSEE) SUPERVISOR DISASSOCIATION INFORMATION

SUPERVISOR LAST NAME	FIRST NAME	MIDDLE NAME	LICENSE NUMBER
PREMISE NAME			PREMISE NUMBER

5. WORK LOCATION INFORMATION*

CURRENT WORK LOCATION

NAME OF VETERINARY PREMISE	PREMISE NUMBER
PHYSICAL ADDRESS	FAX NUMBER
CITY	STATE
	ZIP

NEW/ADDITIONAL WORK LOCATION

NAME OF VETERINARY PREMISE		PREMISE NUMBER
PHYSICAL ADDRESS		FAX NUMBER
CITY	STATE	ZIP

*If employed at multiple locations, please provide additional employer information on a separate sheet.

6. CERTIFICATION

<p>I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.</p> <p>Signature _____</p> <p>Date _____</p>
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