



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 attached forms:

- Veterinary Assistant Controlled Substances Permit Holder / Licensee Manager Acknowledgment Form

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 <u>must also submit the following form:</u> <i>Licensee Manager Agreement and Acknowledgment Forms</i> (attached)</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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LICENSEE MANAGER ACKNOWLEDGEMENT

VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT HOLDERS

I, _____, as the Licensee Manager, agree to abide by the following regulations necessary to become a supervisor of a permit holder:

1. Possess and maintain a current, valid California license as a veterinarian and shall notify immediately the permit holder of any disciplinary action, including, but not limited to, revocation or suspension, even if stayed, probation terms, inactive license status or lapse in licensure, that affects my ability or right to supervise.
2. Ensure that the extent, kind, and quality of the clinical work performed, including the authority to obtain and administer controlled substances, is consistent with the training and experience of the permit holder and shall be accountable for the assigned tasks performed by the permit holder.
3. Keep informed of developments in the practice of veterinary medicine and in California law governing the practice of veterinary medicine.
4. Be the Licensee Manager of the veterinary practice employing the permit holder.
5. Comply with the laws and regulations governing the supervision of a permit holder.
6. Supervision shall include the establishment of a protocol where I, as the Licensee Manager, am available or another designated California licensed veterinarian in good standing is available to supervise the permit holder.
7. Provide the Veterinary Medical Board ("Board") with this original signed form and provide a copy of this form to the permit holder.
8. Notify the Board in writing, within 10 days of the termination of supervisorial relationship with the permit holder.

Upon written request of the Board, I will provide to the Board any documentation which verifies my compliance with the requirements set forth in section 2035 of Article 4 of Division 20 of Title 16 of the California Code of Regulations and this acknowledgement.

A Licensee Manager and/or a California licensed veterinarian acting as a supervisor, who fails to comply with the laws and regulations relating to the supervision of a permit holder shall be subject to disciplinary action by the Board.

Signature

License Number

Premise Permit Number

Date



Veterinary Medical Board
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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