



## 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.**



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

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

<b>VACSP (Managing Licensee) Supervisor (2, 3, and/or 4, and 6)</b> <input type="checkbox"/> VACSP (Managing Licensee) Supervisor Association* <input type="checkbox"/> VACSP (Managing Licensee) Supervisor Disassociation	<b>VACSP Work Location</b> <input type="checkbox"/> Change Work Location (2, 5, and 6) <input type="checkbox"/> Additional Work Location (2, 3, 5, and 6)
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**Note: This form must be completed by the VACS Permit holder**  
 A new associated (Managing Licensee) Supervisor of a VACSP holder must also submit the following form:  
*Licensee Manager Acknowledgment Form* (attached)

**2. VACSP HOLDER INFORMATION**

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

**3. VACSP (MANAGING LICENSEE) SUPERVISOR ASSOCIATION INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	VET LICENSE NUMBER
PREMISES NAME		PREMISES REGISTRATION NUMBER	

**4. VACSP (MANAGING LICENSEE) SUPERVISOR DISASSOCIATION INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	VET LICENSE NUMBER
PREMISES NAME		PREMISES REGISTRATION NUMBER	

**5. NEW WORK LOCATION INFORMATION\***

NAME OF VETERINARY PREMISE			PREMISES REGISTRATION NUMBER
PHYSICAL ADDRESS			PHONE NUMBER
CITY	STATE	ZIP	FAX NUMBER

\*If employed at an additional location, with a different Managing Licensee, please complete the *Licensee Manager Acknowledgment Form* for each Managing Licensee.

**6. CERTIFICATION**

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.	
Signature _____	Date _____



## 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 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