

### Employer Notification of Board Order

The health care professional requesting completion of this form is currently under the terms of a Board Order and is being monitored by a Compliance Case Manager of the Department of Health Professions for his or her licensing Board. This provider is required to show proof to the Board that they have notified their employer (and/or others specified in the Order) that they are under the terms of a Board Order. They may also be required to provide you with a complete copy of the Order.

Please complete the following information and return it to the Compliance Case Manager by email, fax, or regular mail.

Licensee Name: \_\_\_\_\_

License Number(s): \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Were you informed of the Board's Order or Consent Order by the licensee?   | Yes | No |
| 2. Were you provided with a <u>complete</u> copy of the Board's Order or Consent Order by the licensee, including all <i>Findings of Fact</i> ?<br>(If no, contact the Compliance Case Manager immediately at 804-367-4504) | Yes | No |

Employer Name (Company/Agency): \_\_\_\_\_

Name and Title of Person Notified: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date