

## DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA STATE BOARD OF OPTOMETRY 2450 Del Paso Road, Suite 105, Sacramento, CA 95834 P (916) 575-7170 | Toll-Free (866) 585-2666 | www.optometry.ca.gov



Probationer Name				
Probationer's License Number		Probationer's License Number		
	NOTICE T	O EMPL	OYER	
Employer Name				License #
Address of Record	City	State	Zip	Phone #
Email Address				Probationer's Date of Hire
l,	certify that I am			's
employer. I further cer	rtify that, on	, said	probatione	er provided me a copy
of the Stipulated Decis	sion, Order, and	Accusation	n against t	hem. I have read and I
am aware of the discip	oline imposed by	y said Decis	sion.	
Further Lunderstand t	hat the Board n	nav commu	nicate wit	h ma in ragard to said
Further, I understand to probationer's work start		•		ir me iir regard to said
probationer's work sta	ius, perioriilaric	e, and mor	iitoriiig.	
Employer's Signature:				

Date: