



STATE BOARD OF OPTOMETRY
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
 P (916) 575-7170 F (916) 575-7292 www.optometry.ca.gov



Probationer:
License Number:
Case Number:

NOTICE TO EMPLOYER

Employer Name: _____ License Number: _____
 Phone Number: _____ ext.: _____
 Address: _____
 Email Address: _____

Probationer's date of hire: _____

I, _____, certify that I am Dr. _____'s employer. I further certify that, on _____, said probationer provided me a copy of the Stipulated Decision, Order, and Accusation against him. I have read and I am aware of the discipline imposed by said Decision.

Further, I understand that the Board may communicate with me in regards to said probationer's work status, performance, and monitoring.

 Employer's Signature Date: _____