

Case Number:_____

License Number:

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY . GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS . CALIFORNIA STATE BOARD OF OPTOMETRY 2450 Del Paso Road, Suite 105, Sacramento, CA 95834

Year:



P (916) 575-7170 | Toll-Free (866) 585-2666 | www.optometry.ca.gov

			Quart		
	Quarterly Report of Comp	oliance	1 st	3 rd	
	(Return to address shown above		2 nd	4 th	
	Print or Type				
Name					
	ame exactly as it appears on your current license/registrat	ion.			
Last	Middle I.		First		
Residence Address		Home Phone Numb	oer		
Numl	per Street State				
		MALE DI M	1		
		Mobile Phone Num	iber		
Princ	cipal Place of Practice Address	Office Phone Numb	oer		
Numl					
Emai	ll Address				
Prob	ation Compliance (Standard Conditions required of A	LL Probationers)			
1.	Obey All Laws Since the last quarterly report, have you			Circle	e One
	1. Been arrested, charged, or convicted of any violation of	of Federal, State, and lo	ocal laws?	Yes	No
	2. Complied with all optometry laws?			Yes	No
	3. Been disciplined by any other health-care related Boar regulatory agency?	d or professional licen	sing or certification	n Yes	No
	Explain and provide additional documentation if you	answered YES to que	estions 1 and 3, an	d/or answered	l NO
	to question 2.				
2.	Quarterly Reports			Circle	One
	1. Do you understand that omission or falsification in an	•	nation on your	Yes	No
	quarterly reports shall constitute a violation of probation		anatituta a vialatian		1
	2. Do you understand that failure to submit complete and probation?	i umery reports snall co	onstitute a violatior	Yes Yes	No
	production.				1

_	۱								
3.	_				ne last quarterly	report, have yo	u:	Circle	
		I	nents of probat	10n'?				Yes	No
		or meetings wh						Yes	No
			_		submitted report			Yes	No
	•		monitor with ar	ny questions or	concerns regard	ing probation?		Yes	No
	Explain any I	NO answers.							
4.	Probation Ma	onitoring Cost	g Since the lest	auartarly rapo	rt, please indicat	a vour roord o	f the following	novmor	nto.
4.	First Q			Quarter Quarter		Quarter		ı Quarte	
	Month	Amount	Month	Amount	Month	Amount	Month		ount
	January	Amount	April	Ainount	July	Amount	October	AIII	ount
	February		May		August		November		
	March		June		September		December		
5.		n Ontometrist		ired to work a r	ninimum of 60	hours per month			
٥,			•						N.T.
		1 1	ort, nave you n	ad any problen	n meeting the m	inimum numbei	r of hours?	Yes	No
	2. If yes, pleas	se explain:							
					r of hours work				
	First Q	uarter	Second	Quarter	Third (Quarter		n Quarte	
	First Q Month		Second Month		Third (Month		er ours
	First Q Month January	uarter	Second Month April	Quarter	Third (Month July	Quarter	Month October		
	First Q Month January February	uarter	Second Month April May	Quarter	Third (Month July August	Quarter	Month October November		
,	First Q Month January February March	uarter Hours	Second Month April	Quarter	Third (Month July	Quarter	Month October		
6.	First Q Month January February March Notice to Em	Hours Ployer	Second Month April May June	Quarter Hours	Third (Month July August September	Quarter Hours	Month October November December		
6.	First Q Month January February March Notice to Em 1. Does the Bo	Hours Ployer	Second Month April May June	Quarter Hours	Third (Month July August	Quarter Hours	Month October November December		
6.	First Q Month January February March Notice to Em 1. Does the Bosupervisors?	Hours Ployer Ployer Ployer bard have the notes	Second Month April May June ames, addresse	Quarter Hours s, and telephon	Third (Month July August September	Quarter Hours	Month October November December	Но	ours
6.	First Q Month January February March Notice to Em 1. Does the Bosupervisors?	Hours Ployer Ployer Ployer bard have the notes	Second Month April May June	Quarter Hours s, and telephon	Third (Month July August September	Quarter Hours	Month October November December	Но	ours
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6.	First Q Month January February March Notice to Em 1. Does the Bo supervisors? 2. If no, please Employer In	ployer pard have the need provide the form	Second Month April May June ames, addresse	Quarter Hours s, and telephon nation ny additional er	Third (Month July August September e numbers of all nployers/superv	Quarter Hours employers and isors on additio	Month October November December	Yes	No
6.	First Q Month January February March Notice to Em 1. Does the Bo supervisors? 2. If no, please	ployer pard have the need provide the form	Second Month April May June ames, addresse	Quarter Hours s, and telephon nation ny additional er	Third (Month July August September e numbers of all	Quarter Hours employers and	Month October November December	Yes	No
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6.	First Q Month January February March Notice to Em 1. Does the Bo supervisors? 2. If no, please Employer In	ployer pard have the note provide the formation (Pl	Second Month April May June ames, addresse	Quarter Hours s, and telephon nation ny additional er	Third (Month July August September e numbers of all nployers/superv	employers and License #	Month October November December	Yes	No
6.	First Q Month January February March Notice to Em 1. Does the Bo supervisors? 2. If no, please Employer In Last Name	ployer pard have the note provide the formation (Pl	Second Month April May June ames, addresse	Quarter Hours s, and telephon nation ny additional er	Third (Month July August September e numbers of all nployers/superv Middle I.	employers and License #	Month October November December	Yes	No
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6.	First Q Month January February March Notice to Em 1. Does the Bo supervisors? 2. If no, please Employer In Last Name Phone Numb	ployer pard have the note provide the formation (Plane)	Second Month April May June ames, addresse ellowing inform ease provide ar First Name	Quarter Hours s, and telephon nation ny additional er	Third (Month July August September e numbers of all nployers/superv Middle I.	Hours Hours employers and isors on additio License #	Month October November December	Yes eccessary)	No
6.	First Q Month January February March Notice to Em 1. Does the Bo supervisors? 2. If no, please Employer In Last Name Phone Numb 3. Have you point this matter?	ployer pard have the note provide the formation (Plane)	Second Month April May June ames, addresse bllowing inform ease provide ar First Name	Quarter Hours s, and telephon nation ny additional er	Third (Month July August September e numbers of all mployers/superv Middle I. Email Address of the decision a	employers and isors on additio License #	Month October November December nal sheets if no	Yes	No
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	First Q Month January February March Notice to Em 1. Does the Bosupervisors? 2. If no, please Employer In Last Name Phone Numb 3. Have you printhis matter? 4. Have you printhis matter? 4. Have you printhis matter? 5. If no, please here of Englished the larecord, and/or	ployer pard have the note provide the formation (Plane) rovided your surrovided the Boster ave your employment or st quarterly represidence? you submitted	Second Month April May June ames, addresse allowing inform ease provide ar First Name ard with writter byer submit a core Residence ort, have there	Quarter Hours s, and telephon nation ny additional er irector a copy of n confirmation ompleted "Notice been any change	Third (Month July August September e numbers of all mployers/superv Middle I. Email Addres of the decision a from each employer ce to Employer	employers and lisors on addition License # s License License	Month October November December nal sheets if notes accusation e accusation tely.	Yes Yes Yes	No No

	3. If NO to question 2, please explain why:					
8.	Cost Recovery (If applicable)	Total Amoun	t Order	red: \$		
	1. Have you paid the total cost recovery amount in full?	_ 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	01441		Yes	No
	2. If NO to question 1, are you participating in a Board-appro	ved payment	plan?		Yes	No
	3. If YES, to question 2 have you been able to make every pa	* ·	<u> </u>	our last quarterly	103	140
	report? If NO, please explain below (include dates you're able to submit payments, amounts, and					
	documentation of why you are unable to make payments):					No
	,				.	II.
•						
9.	Take and Pass California Laws and Regulations Examina	tion (CLRE)	* 7			1 3 7
	1. Have you passed the CLRE?		Yes	Date Passed:		No
	2. If NO, have you scheduled the exam through PSI?		Yes	When:		No
	3. If NO to question 2, please explain why:					
10.	Community Service Type (Circle one): Non-optometric	or Optome	tric N	In. monthly hours:	:	
	1. Since your last quarterly report, have you been able to mee	_				NT-
	of community service?	_			Yes	No
	2. If NO, please explain:					
11	77 1°17 ° C4 4					
11.	Valid License Status	mant actions or		L'anna 2	Vac	No
	1. Since your last quarterly report, have you maintained a cur	rent, active, ai	ia vana	ncense?	Yes	No
	2. If NO, please explain:					
12.	Tolling for Out-of-State Residence or Practice					
	1. Since your last quarterly report, have you resided or practic	ced outside of	Californ	nia for over 30	Yes	No
	calendar days?				108	110
	2. If YES, please explain:					

13.	License Surrender		
	If you cease to practice due to retirement, health reasons, or are otherwise unable to satisfy any condition of probation, you may surrender your license. Do you wish to surrender your license at this time?	Yes	No
	If YES, please explain:		
14.	Violation of Probation		
-	Do you acknowledge that if the Board files an Accusation or Petition to Revoke Probation, the Board shall have continuing jurisdiction and the period of probation shall be extended until the matter is final?	Yes	No
	Do you acknowledge that no petition for modification of discipline shall be considered while there is an Accusation or Petition to Revoke Probation or other discipline pending against you?	Yes	No
15.	Completion of Probation	ı	T
4.5	Do you acknowledge that, upon successful completion of probation, your license shall be fully restored?	Yes	No
16.	Sale or Closure of an Office and/or Practice		
-	 Since your last quarterly report, have you sold or closed your practice? If YES, please explain how you have ensured the continuity of patient care and the transfer of patient in the property of the property of the patient in th	Yes	No
D 1			
	ation Compliance (Standard Alcohol/Drug Conditions) As applicable.		
Proba	Abstention from Use of Controlled Substances/Alcohol		
	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia?	Yes	No
	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances?	Yes Yes	No No
	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances? 3. If YES to question 2, have you identified to the Board a single physician, nurse practitioner, or physician assistant who is aware of your substance abuse history and is monitoring your prescriptions?		
	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances? 3. If YES to question 2, have you identified to the Board a single physician, nurse practitioner, or physician assistant who is aware of your substance abuse history and is monitoring your prescriptions? 4. If YES to question 3, has the single physician, nurse practitioner, or physician assistant provided the Board with quarterly reports?	Yes	No
	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances? 3. If YES to question 2, have you identified to the Board a single physician, nurse practitioner, or physician assistant who is aware of your substance abuse history and is monitoring your prescriptions? 4. If YES to question 3, has the single physician, nurse practitioner, or physician assistant provided	Yes Yes	No No
17	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances? 3. If YES to question 2, have you identified to the Board a single physician, nurse practitioner, or physician assistant who is aware of your substance abuse history and is monitoring your prescriptions? 4. If YES to question 3, has the single physician, nurse practitioner, or physician assistant provided the Board with quarterly reports? 5. Please explain any NO answers to questions 1-4: Biological Fluid Testing Since your last quarterly report, have you	Yes Yes	No No
17	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances? 3. If YES to question 2, have you identified to the Board a single physician, nurse practitioner, or physician assistant who is aware of your substance abuse history and is monitoring your prescriptions? 4. If YES to question 3, has the single physician, nurse practitioner, or physician assistant provided the Board with quarterly reports? 5. Please explain any NO answers to questions 1-4: Biological Fluid Testing Since your last quarterly report, have you 1. Made daily contact with the Board's drug testing vendor to determine if you need to submit to testing?	Yes Yes Yes	No No No
17	Abstention from Use of Controlled Substances/Alcohol 1. Have you abstained from alcohol and all other mood altering drugs, substances and their associated paraphernalia? 2. Have you informed the Board of any prescriptions for mood altering drugs and/or other controlled substances? 3. If YES to question 2, have you identified to the Board a single physician, nurse practitioner, or physician assistant who is aware of your substance abuse history and is monitoring your prescriptions? 4. If YES to question 3, has the single physician, nurse practitioner, or physician assistant provided the Board with quarterly reports? 5. Please explain any NO answers to questions 1-4: Biological Fluid Testing Since your last quarterly report, have you 1. Made daily contact with the Board's drug testing vendor to determine if you need to submit to	Yes Yes	No No

40	tion Compliance (Optional Conditions) As applicable.		
19	Participate in Group Support Meetings		
_	1. Since your last quarterly report, have you attended at least one 12-step recovery meeting per week?	Yes	No
	2. If YES, have you attached the required documentation confirming such attendance?	Yes	No
	3. Explain any NO answers to questions 1 and 2:	103	110
	3. Explain any NO answers to questions 1 and 2.		
20	Notice to Patients		
	1. Have you had your "Notice to Patients" approved by the Board?	Yes	No
	2. If NO, please explain:		
	3. If YES, where is this notice posted in your office?		
	3.11 128, where is this notice posted in your office.		
21			
21	Alcohol and Drug Treatment	**	
	1. Have you successfully completed a Board-approved treatment program?	Yes	No
	2. Have you submitted proof of completion to the Board?	Yes	No
	3. Please explain any NO answers:		
22	Worksite Monitor		
22		Yes	No
22	1. Do you currently have a Board-approved worksite monitor?	Yes	No
22		Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#:		
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last	Yes	No No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report?		
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to		
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board?	Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to	Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board?	Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board?	Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board?	Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board?	Yes	No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3:	Yes	No
22	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board?	Yes	No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3:	Yes	No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3: Direct Supervision 1. Since your last quarterly report, have you been under direct supervision of an optometrist?	Yes Yes	No No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3: Direct Supervision 1. Since your last quarterly report, have you been under direct supervision of an optometrist?	Yes Yes	No No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3: Direct Supervision 1. Since your last quarterly report, have you been under direct supervision of an optometrist? Supervisor's Name: License#: Phone#:	Yes Yes Yes	No No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3: Direct Supervision 1. Since your last quarterly report, have you been under direct supervision of an optometrist? Supervisor's Name: License#: Phone#: 2. If YES, is the optometrist able to follow the Board-approved level of supervision?	Yes Yes	No No
_	1. Do you currently have a Board-approved worksite monitor? Monitor's Name: License#: Phone#: 2. If YES, has the monitor been able to follow the Board-approved monitoring plan since your last quarterly report? 3. To the best of your knowledge, has the worksite monitor submitted the required quarterly reports to the Board? 4. Explain any NO answers to questions 1-3: Direct Supervision 1. Since your last quarterly report, have you been under direct supervision of an optometrist? Supervisor's Name: License#: Phone#:	Yes Yes Yes	No No

		NO answers to que	estions 1-	3:					
24	Remedial Edu	ucation Course	Require	ed Areas of Edu	ucation:				
			_		required, Board-app	roved, ren	nedial		1
	education cour			,	1	,		Yes	No
	Course Name:			Provider:		Com	pletion Date:		•
	2 ISNO -1								
	2. If NO, pleas	se explain:							
25	Suspension	Dates of Suspens	ion:						
	1. Have you co	ompletely ceased th	e practice	of optometry d	luring the period indi	cated abor	ve, pursuant	Yes	No
	to your Order?							168	110
	2. If NO, pleas	se explain, including	g periods	of practice and	why:				
26	Employment	Limitations Since	vour last	quarterly report	t have you				
			jour rust	quarter, report					
	l I Worked in a	any health care setti	ng as a si		· · · · · · · · · · · · · · · · · · ·			Yes	No
		any health care setti a faculty member in		pervisor of opto	ometrists?	CE progr	am?	Yes Yes	No No
	2. Worked as a	a faculty member in		pervisor of opto	· · · · · · · · · · · · · · · · · · ·	CE progr	am?	Yes Yes Yes	No No No
	2. Worked as a 3. Worked in a		a school	of optometry or	ometrists?	CE progr	am?	Yes	No
	2. Worked as a 3. Worked in a	a faculty member in a "float" capacity?	a school	of optometry or	ometrists?	CE progr	am?	Yes	No
	2. Worked as a 3. Worked in a	a faculty member in a "float" capacity?	a school	of optometry or	ometrists?	CE progr	am?	Yes	No
	2. Worked as a 3. Worked in a	a faculty member in a "float" capacity?	a school	of optometry or	ometrists?	CE progr	am?	Yes	No
	2. Worked as a 3. Worked in a	a faculty member in a "float" capacity?	a school	of optometry or	ometrists?	CE progr	am?	Yes	No
	2. Worked as a 3. Worked in a	a faculty member in a "float" capacity?	a school	of optometry or	ometrists?	CE progr	am?	Yes	No
27	2. Worked as a3. Worked in a4. Explain any	a faculty member in a "float" capacity? YES answers to qu	a school	of optometry or	ometrists?	CE progr	am?	Yes	No
27	2. Worked as a 3. Worked in a 4. Explain any	a faculty member in a "float" capacity? YES answers to queen the company of the	a school estions 1	of optometry or -3:	ometrists? r as an instructor in a			Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any	a faculty member in a "float" capacity? YES answers to queen the company of the	a school estions 1	of optometry or -3:	ometrists?			Yes	No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your loor counselor?	a faculty member in a "float" capacity? YES answers to que by or Counseling Palast quarterly report	a school estions 1	of optometry or -3:	ometrists? r as an instructor in a			Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor?	a faculty member in a "float" capacity? YES answers to question of the company o	rogram, have you	of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Cou	a faculty member in a "float" capacity? YES answers to question of your knowledge,	rogram, have you	of optometry or -3:	ment by a Board-app	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge, rts to the Board?	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge,	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge, rts to the Board?	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge, rts to the Board?	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge, rts to the Board?	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge, rts to the Board?	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
27	2. Worked as a 3. Worked in a 4. Explain any Psychotherap 1. Since your 1 or counselor? Therapist/Courselor 2. To the best quarterly reports	a faculty member in a "float" capacity? YES answers to question of your knowledge, rest to the Board? A grant of your knowledge, ain any NO answers	rogram , have you	pervisor of opto of optometry or -3:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes	No No
	2. Worked as a 3. Worked in a 4. Explain any 4. Explain any 5. Explain any 6. Exp	a faculty member in a "float" capacity? YES answers to question of your knowledge, rest to the Board? ain any NO answers to the Evaluation	rogram, have you	pervisor of opto of optometry of optometry of -3: u received treatr psychotherapist ons 1 and 2:	ment by a Board-app License#:	roved psyc	chotherapist Phone#:	Yes Yes Yes	No No
	2. Worked as a 3. Worked in a 4. Explain any 4. Explain any 5. Explain any 6. Exp	a faculty member in a "float" capacity? YES answers to question of your knowledge, rest to the Board? ain any NO answers to the Evaluation	rogram, have you	pervisor of opto of optometry of optometry of -3: u received treatr psychotherapist ons 1 and 2:	ment by a Board-app License#:	on?	chotherapist Phone#:	Yes Yes Yes Yes	No No

	2. If applicable, have you continued the evaluator's recommended restrictions, conditions, and/or treatment plan?						
		f your knowledge, has the	evaluator submitted all required quar	terly reports to the	Yes	No	
		n any NO answers to ques	tions 1-3:			1	
29	Medical Health				T		
			ou undergone a medical health evalua		Yes	No	
	Physician:		cense#:	Date(s) of Evaluation		No	
		•	nysician's recommended treatment? evaluator submitted all required quar	tarky reports to the	Yes	NO	
	Board?	your knowledge, has the	evaluator submitted an required qual	terry reports to the	Yes	No	
	4. Please explain	n any NO answers to ques	tions 1-3:				
30	Medical Treatr	nent					
			ou received treatment by a Board-app	proved physician?	Yes	No	
	Physician:		cense#:	Phone#:	-1	II.	
	2. To the best of	f your knowledge, has you	r physician submitted the required qu	arterly reports to the	Yes	No	
	Board?				168	110	
	3. Please explain	n any NO answers to ques	tions 1 and 2:				
31	Restitution	Amount Due:	Paid To:				
	1. Have you pai	d the required restitution a	mount above, pursuant to your Orde	r?	Yes	No	
	2. If NO, explai	n:	•				
32	Audit Required	1					
	-	ntly have a Board-approve	ed auditor?	Yes		No	
	Auditor's Name	•	cense#:	Phone#:		1	
	2. If YES, has the auditor been able to follow the Board-approved auditing plan since your last					No	
	quarterly report			•			
		f your knowledge, has the	auditor submitted the required quarte	erly reports to the	Yes	No	
	Board?				168	110	
	4. Explain any N	NO answers to questions 1	-3:				

33	Lens Prescriptions – M	laintain Records					
	1. Are you maintaining	patient records of all lens prescript	ions disper	nsed or	administered by you?	Yes	No
	2. Are these patient reco	rds available for inspection and co	pying by t	he Boa	rd or its designee?	Yes	No
	3. Explain any NO answ	ers to questions 1 and 2:					
2.1	D / 1 / 1D //						
34	Restricted Practice	1 1		· C' 1	. 4. 1		T
		rly report, have you practiced in th	ie areas sp	ecified	in this condition of	Yes	No
	probation? 2. If YES, explain:						
	2. If 1E3, explain:						
35	Restrictions as to Bran	ch Offices					
	1. How many branch off	ice locations do you operate?					
	2. How many branch off	ice locations do you have propriet	ary interes	t in?			
36	Restrictions as to Adve	ertisement					
		rly report, have you had all adverti		f profe	ssional optometric	Yes	No
		to public publishing/dissemination	?			168	NO
	2. If NO, explain:						
37	Take and Pass NBEO	Fvams					
	1. Have you passed the l		Yes	Date	Passed:		No
		heduled the exam through		Whe			110
	NBEO?	medica the exam through	Yes	1110			No
	3. If NO to question 2, p	lease explain:	1	1			1
	1 71	•					
	~	1					
38	Continuing	Required area(s) of study:					
	Education	ucation program/course for Board	ommorrol i	n tha a	race indicated above		1
		frame, pursuant to your Order?	approvai i	n the ai	reas indicated above	Yes	No
	2. If NO, explain:	frame, pursuant to your Order?					
	2. If NO, explain.						
	3. Since your last quarte	rly report, have you completed any	CE for th	is cond	lition?	Yes	No

Course Name: Course Provider: Completic	on Date (attach certificate):	
39 Medical Record Keeping Course		
Did you enroll in a Board-approved Medical Record Keeping course within the required timeframe, pursuant to your Order?	Yes No	
2. If NO, explain:		
3. Have you completed the Board-approved Medical Record Keeping course?	Yes No	
Course Name: Course Provider: Completion	on Date (attach certificate):	
Outstanding Questions, Comments, or Concerns related to your probation		
1. Do you currently have any questions, comments, or concerns that have yet to be addresse probation monitor?	ed by your Yes No	
2. If YES, please explain, including when you initially brought your concerns to your proba	tion monitor and the	
response, if any, that you have received.		
Declaration and Signature:		
I hereby submit this Quarterly Report as required by the California Department of Con		
Optometry and its order of probation thereof, and declare under penalty of perjury und California that I have read the foregoing report in its entirety and know its contents and the contents and the contents are contents.		,
true in every respect, and understand that misstatements or omissions of material fact ma		
probation.		
1		