

**Veterinary Medical Board**

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## VETERINARY MEDICAL HOSPITAL INSPECTION PROGRAM

### Purpose of Hospital Inspection Program

The Veterinary Medical Board (herein after referred to as "the Board") is one of many regulatory agencies within the Department of Consumer Affairs. The Board's mission is: "to protect consumers and animals through development and maintenance of professional standards, licensing of veterinarians and registered veterinary technicians, and diligent enforcement of the California Veterinary Medicine Practice Act."

Pursuant to Business and Professions Code Section 4809.7 and 4854, the Board is mandated to establish a regular hospital inspection program, and, to ensure that all premises where veterinary medicine is being conducted are sanitary and conform to the minimum standards of practice, which encompass sanitation, practice management, practice techniques and record keeping.

Along with knowledge of what constitutes the minimum standard of practice in California, inspectors must possess a basic knowledge of the daily routine of veterinary practice procedures. The Board utilizes licensed veterinarians and registered veterinary technicians (RVT) as inspectors to assist the Board in educating the profession as to the minimum standards of practice in California and in enforcing those requirements.

### Description of Required Services – Inspectors are responsible for:

1. Inspecting veterinary premises for compliance with the related provisions of the Business and Professions Code, California Code of Regulations, Code of Federal Regulations and the Health and Safety Code;
2. Maintaining records of inspections;
3. Preparing written invoices for completed inspections;
4. Writing inspection reports;
5. Gathering evidence for use and assistance in hearings and prosecutions;
6. Interviewing and consulting with licensees to identify violations and ensure compliance;
7. Directing licensees to educational materials;
8. Testifying at hearings;

Inspectors may be required to testify at hearings, throughout the State of California. Inspectors will be notified in advance of the hearing for scheduling purposes and will be provided with the appropriate invoice for reimbursement.

The Board conducts an initial training session for inspectors once the interview process is complete. The training session takes place at the Veterinary Medical Board office in Sacramento. The initial training session is conducted over a four-day period with a subsequent one to two-day training/program evaluation on an annual basis. Inspectors are reimbursed for expenses incurred for the required training session.

If you have any questions about the Hospital Inspection Program please contact Patty Rodriguez at (916) 515-5228 or at [patty.rodriguez@dca.ca.gov](mailto:patty.rodriguez@dca.ca.gov).

## **VETERINARY MEDICAL BOARD HOSPITAL INSPECTOR POSITION INFORMATION**

### **Evaluation Process/Inspector Qualifications**

The initial applicant evaluation process involves the following:

### **Minimum Qualifications**

To be considered for employment as a Board inspector, applicants must meet the minimum qualifications shown below:

- ✓ Possess a valid and current California Veterinary License or RVT certificate and;
- ✓ Have five (5) years of clinical practice experience within the six (6) years immediately preceding application submission and;
- ✓ Have knowledge of State laws, rules and regulations, and standards regarding veterinary medicine and;
- ✓ No past or current disciplinary action taken against license or certificate in this or any other state or territory.

### **Special Personal and Physical Characteristics**

Inspectors must be able to read, write legibly and speak English at a level necessary for job performance; to interpret and apply sections of State laws which relate to veterinary practice; to analyze data and draw sound conclusions; to think and act quickly and appropriately in extreme situations; to write complete and concise reports; to deal with people in a courteous and fair manner. Inspectors must also be able to walk long distances; travel throughout the state and work odd and irregular hours. Keeness of observation, appropriate demeanor and professional attire are required as each inspector is a representative of the State of California and Veterinary Medical Board.

Inspectors must have knowledge of current acceptable veterinary practice including, but not limited to: record keeping; sanitation; building safety, standards regarding veterinary establishments; equipment used in veterinary hospitals; instrumentation use; treatment procedures; written record keeping requirements; drug dispensing and drug inventory requirements; RVT duties, unregistered assistant duties and scope of practice for each license type; inspection techniques and procedures for rules of evidence followed in court and administrative hearings; basic veterinary hospital management principles, e.g., veterinarian/client/patient relationship, proper patient management; acceptable housing standards; narcotic logs.

Inspectors must have knowledge of the laws and regulations relating to the practice of veterinary medicine in California so as to assure compliance with the provisions of the Business and Professions Code, California Code of Regulations, and Health and Safety Code. Inspectors must understand the necessity of maintaining the minimum standards of practice of veterinary hospitals through the hospital inspection program and understand the Veterinary Medical Board's role as a regulatory agency and its responsibility to consumers of veterinary services and the veterinary medical profession.

## **Applications are evaluated based on:**

1. Organization and specificity
2. Ability of the applicant to communicate clearly and demonstrate understanding of the inspection program.

## **Interview of Qualified Applicants**

Based upon the evaluation of the applications received, interviews will be conducted with only the most qualified candidates.

The Board will conduct preliminary telephonic interviews with applicants for the Inspector position. Based on the telephonic interview, applicants will be evaluated in a subsequent in-person interview at the Board's office located in Sacramento. Interviews will be based on the criteria below:

- ❖ Oral presentation
- ❖ Ability to communicate clearly
- ❖ Ability to utilize professional judgement
- ❖ Interpersonal skills
- ❖ Professional appearance
- ❖ Knowledge of laws relating to veterinary medicine

## **Reimbursement for Inspections**

Inspectors are paid on a per-hospital-inspection basis.

Inspectors are required to complete a Hospital Inspection Report (IR) for each hospital inspection. The checklist is used during each inspection to document the areas of the law where the licensee is either satisfactory (compliant) or unsatisfactory (deficient). Inspectors will submit invoices for payment at the beginning of each month for any inspection conducted the immediately preceding month. The Inspector will authorize thirty (30) days for corrections of deficiencies and will review any documentation submitted to verify correction of the deficiencies within the 30 day period. Inspectors also must submit the completed IRs, along with any supplemental compliance documentation on a monthly basis.

In cases where documentation is not received within the 30 day stated time period or the correction documentation is insufficient, the Inspector must provide the Board with written notification of nonresponsive facilities and/or non-corrected deficiencies when submitting monthly inspection paperwork.

Once the invoices for completed inspection(s) are reviewed and approved by the Board's Hospital Inspection Coordinator and the Executive Officer, they are forwarded to the Department of Consumer Affairs' Accounting Office for payment. Upon completion of a review, the Accounting Office submits the invoices for payment to the State Controller's office for issuance of a pay warrant.

**Payment processing for completed inspections can take up to ninety (90) days.**

## VETERINARY MEDICAL BOARD HOSPITAL INSPECTOR POSITION (CONTRACTOR)

**PRINT OR TYPE**

APPLICANTS NAME (LAST) (FIRST) (M.I.)

MAILING ADDRESS (NUMBER) (STREET)

(CITY) (STATE) (ZIP)

EMAIL ADDRESS

TELEPHONE NUMBER FAX NUMBER

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Do you possess a valid and current veterinary license or registered veterinary technician certificate?

No \_\_\_\_\_ Yes \_\_\_\_\_ License or Certificate number: \_\_\_\_\_

2. Have you worked in a clinical practice setting a minimum five (5) years within the previous six years?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Please indicate on page 2 and 3 of application)

3. Have you had any disciplinary action taken against your license or certificate in California or any other state or territory?

No \_\_\_\_\_ Yes \_\_\_\_\_

4. If you have ever been in a contract agreement with the State of California, have you ever had an unsatisfactory contractor evaluation filed with the Department of General Services, Office of Legal Services?

No \_\_\_\_\_ N/A \_\_\_\_\_ (Never had a contract with the State of California)

**\*CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING\***

**APPLICATION WILL BE REJECTED IF UNSIGNED.**

**I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the Request for Proposal process with the Veterinary Medical Board. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.**

APPLICANT'S SIGNATURE DATE SIGNED

**EDUCATION INFORMATION**

Name & Location of Institution	Attendance		Course of Study	Date of Graduation	Degree Received
	From	To			

**LICENSURE HISTORY**

Please list all states/provinces where you have been or are currently licensed or registered:

*(Attach additional page if necessary)*

STATE/PROVINCE	LICENSE #	STATUS

**EMPLOYMENT HISTORY (Please list most recent position first)**

**COMPLETE AND ATTACH RESUME OR CURRICULUM VITAE**

**Please list relevant work experience:**

FROM (M/Y)	TO (M/Y)	TITLE		
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME		
SUPERVISOR		ADDRESS		
TELEPHONE NUMBER		CITY	STATE	ZIP

**EMPLOYMENT HISTORY (Continued)**

FROM (M/Y)	TO (M/Y)	TITLE		
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME		
SUPERVISOR		ADDRESS		
TELEPHONE NUMBER		CITY	STATE	ZIP

FROM (M/Y)	TO (M/Y)	TITLE		
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME		
SUPERVISOR		ADDRESS		
TELEPHONE NUMBER		CITY	STATE	ZIP

FROM (M/Y)	TO (M/Y)	TITLE		
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME		
SUPERVISOR		ADDRESS		
TELEPHONE NUMBER		CITY	STATE	ZIP

**PROFESSIONAL REFERENCES**

**REFERENCE 1**

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number

**REFERENCE 2**

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number

**REFERENCE 3**

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number