

Vermont Office of Professional Regulation

EMPLOYER AGREEMENT

TO: The Vermont Office of Professional Regulation

I, _____ have received and read the Order or
(Printed Employer's First and Last Name)

Contract for _____, _____ CR-_____
(Printed Licensee's First and Last name) (Profession) (Case #)

and I am able to comply with the terms, including supervision and providing monthly/quarterly reports submitted on forms provided by OPR by the 15th of each month/quarter. Each report will:

- Include a brief description of the licensee's job performance, including any practice issues or other difficulties encountered
- Document any evidence of performance issues related to the reason disciplinary action was taken;
- Specify any professional practice, documentation, or billing errors;
- Report level of supervision received and direction required;
- Report number of hours worked;
- Note any absenteeism and/or problems with punctuality, including reasons;
- Include observations of a positive nature that indicate the licensee's professional competence and improvements in performance, as appropriate.

Signature of Employment Supervisor

Printed Name and Job Title of Supervisor

Telephone Number

E-mail Address

Organization Name

Organization Address

Date

Instructions to submit form:

E-mail: carla.preston@vermont.gov or kristin.donnelly@vermont.gov

If submitted by e-mail, must be sent from e-mail address of person completing the form

Mail: Office of Professional Regulation, 89 Main St – 3rd Floor, Montpelier, VT 05620

Fax: 802-828-2389

Attention: Case Manager