

# RENEWAL/REINSTATEMENT FORM

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	<b>Dispensing Medical Clinic</b>	<b>\$113.00</b>	<b>September 30<sup>th</sup> of odd years</b>	Additional fees are required after expiration. See reverse for details.

↓ NAME AND ADDRESS OF RECORD ↓

↓ ADDRESS / PHONE CORRECTION ↓

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

**Is this a new address?**  Yes  No

This information will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your mailing or email address changes, notify DOPL directly. For mail, do not rely on a postal service forwarding order. Submit changes to [doplweb@utah.gov](mailto:doplweb@utah.gov)

*I understand that in all areas of this application the words "YOU", "I" and "APPLICANT" apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers and prior entities for which these individuals have been involved.*

Who is your Dispensing-Medical-Practitioner-in Charge (DMPIC)? \_\_\_\_\_

What is the License Number for your DMPIC? \_\_\_\_\_ Issuing State: \_\_\_\_\_

What was the date of your Dispensing Medical Clinic's last self-inspection? \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE Answer "YES" or "NO" for each question. Do not leave any question blank.

Please note that false, misleading, or fraudulent answers may result in loss of licensure and/or criminal prosecution and are subject to random audit. (For questions 1 - 4 below, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

5. NPI (National Provider Identifier, if applicable): \_\_\_\_\_

IF YOU ANSWERED "YES" TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1A ON PAGE THREE FOR INSTRUCTIONS ON ADDITIONAL REQUIREMENTS.

## AFFIDAVIT / SIGNATURE Read the following carefully. Sign below or follow the instructions as indicated.

*I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States. I also certify that I have completed or will complete all renewal requirements, if applicable, before the expiration or reinstatement of my license. I understand that I may be subject to audit by DOPL of having met these requirements. I further certify that I am the licensee described and identified in this application for license renewal / reinstatement. I am qualified in all respects for the renewal or reinstatement of this license.*

*To the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact. I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (If unable to sign, see #1B on page 3 for instructions.)

## RENEWAL REQUIREMENTS Specific to your license:

**Unlawful Conduct:** Your license will automatically expire unless you renew it prior to its expiration date. If your license expires you may not practice until a new license is issued.

Subsection 58-1-501(1)(a) and Section 58-1-502, U.C.A., make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration of your license.

## PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

## ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

