Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

RENEWAL/REINSTATEMENT FORM

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	**Physician Assistant w/ Controlled Substance**	$133.00 + $78.00 **$211.00**	**May 31st of even years.**	Additional fees are required after expiration. See reverse for details.

↓ NAME AND ADDRESS OF RECORD ↓

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) ____-_____ Country:_____

Email: _____

↓ ADDRESS / PHONE CORRECTION ↓

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

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.)

☐ Yes ☐ 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?
☐ Yes ☐ 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?
☐ Yes ☐ 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?
☐ Yes ☐ No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

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

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above (please explain): _____

Driver's License or State ID card: _____
State of issue *ID/License Number* *Expiration date*

NOTE: *If you do not hold a US Driver's license or a US State ID, you must present a legible copy of your current and valid government issued documents(s) showing evidence of lawful presence in the United States.*

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, including those specified below 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.*

Social Security Number _____-_____ - _____ **NPI** *(National Provider Identifier)* _____

Signature: _____ **Date:** _____ *(If unable to sign, see #1B on page 2 for instructions.)*

RENEWAL REQUIREMENTS

Specific to your license:

In accordance with Subsection R156-70a-304 at least 40 hours of CME are required during each two-year licensure cycle, of which at least 34 hours need to be ACCME category 1 offerings. Controlled Substance prescribers must complete at least 3.5 hours of continuing education in classes approved by the Division and .a 30 minutes online DOPL tutorial. Approved Suicide Prevention Training & Controlled Substance Continuing Education Courses can be found at https://dopl.utah.gov/physician-assistant/resources/.
DO NOT submit documentation of your completed hours unless you are audited and requested to do so.

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.

ADDITIONAL REQUIRED DOCUMENTATION

A. If you answered "yes" to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation – including a personal narrative and any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement – for each and every arrest, charge, and/or conviction.

B. If you cannot sign the Affidavit on the first page of this renewal, you must submit a complete written explanation of why you cannot sign. If applicable, this explanation must include the reasons you have not or will not complete the continuing education requirements before the expiration or reinstatement of your license. DOPL personnel will reach a renewal decision on a case-by-case basis after a thorough review of your explanation. Additionally, you may be requested to provide additional information if the documentation submitted is insufficient.

CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL

- ❑ Answer all of the certification questions on pages 1 & 2, and provide additional documentation, if applicable *(#A & B above).*
- ❑ Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign *(#B above).*
- ❑ Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
- ❑ Sign your check or money order. **DO NOT SEND CASH.** *(Make checks or money orders payable to "DOPL.")*
- ❑ Enclose documentation of your legal name change, if applicable.
- ❑ Mail all fees, forms, and documentation to DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

LEGAL NAME CHANGE: If your legal name has changed, you must verify the change by submitting a copy of an updated social security card, passport, driver license, marriage certificate, divorce decree, and/or court order. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

ADDRESS OR EMAIL CHANGE: You must keep your address current with DOPL, including your email address. You cannot rely on postal service forwarding. Submit changes online at www.dopl.utah.gov. *(If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of any change: (801) 530-4849.)*

TIMELY RENEWAL: You are responsible to comply with all renewal / reinstatement requirements in statute and rule, and your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to save time by renewing online at www.dopl.utah.gov where you can immediately print out a confirmation of renewal.

APPLICATION APPROVAL: Your application will be approved unless you do not meet the renewal / reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by DOPL. Those selected for audit will be notified. DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

NON-REFUNDABLE FEES: Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Simply paying the fees does not mean that your license will be automatically renewed.

REINSTATEMENT FEES: If you fail to timely renew your license, you will be subject to the following conditions:

- If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional $20.00 for **EACH** license being reinstated.
- If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional $50.00 for **EACH** license being reinstated. *(Reinstating Lien Recovery Fund members must also submit another $50.00 in addition to any special LRF assessments.)*
- Fees are subject to change each July 1. If listed, the fees on the application are current at the time printed. Please verify the current fee at www.dopl.utah.gov if applying for reinstatement more than one year following expiration of your license.

NOTICE: If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308g (3). Contact DOPL for assistance if reinstating after two years of expiration.

ON-LINE RENEWAL INFORMATION: If you do not already have a **Utah ID**, you will need to create an account. Gather your license number, social security number, debit or credit card, and your Registration Code. Go to utahdoc.mylicenseone.com and follow the directions under Existing License Holders to link your license to your account. Then, follow the online instructions for license renewal. A renewed license, certificate, or registration will be emailed to you the next business day after your online renewal is completed.

TAX ID NUMBER: The Tax ID Number for the Division of Professional Licensing is 87-6000545.

Utah Code 58-37f-401 requires prescribing practitioners with a controlled substance license to register with the CSD and to complete an online tutorial and examination as a requirement for licensure. The examination can be found at https://utconcierge.qualtrics.com/jfe/form/SV_9vK8bO1x4BShSfk

☐ Yes ☐ No I certify under penalty that I have successfully completed the required online tutorial and examination, and have successfully registered with the controlled substance database, both of which are required for renewal and licensure.

Printed Name _____ **Signature** _____ **Date** _____