



### 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.

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

## QUALIFYING QUESTIONNAIRE

**Do not leave any question blank.**

*DOPL may request additional documentation if the information submitted is insufficient.*

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise <b>disciplined in any way</b> ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have <b>any criminal action active or pending</b> ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a <b>misdemeanor</b> in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

**NOTE:**

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state in which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Issuing State:** \_\_\_\_\_ **License Status:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

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**Issuing State:** \_\_\_\_\_ **License Status:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

If you identified a Certified Social Worker license above, please answer the following:

- Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

**NOTE:** If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

## MEDICAL QUALIFYING QUESTIONNAIRE

**Read thoroughly and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

- Yes  No a hospital or health care facility
- Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes  No malpractice insurance coverage
- Yes  No other entity: \_\_\_\_\_

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

- Yes  No a hospital or health care facility
- Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes  No The Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes  No malpractice insurance coverage
- Yes  No other entity: \_\_\_\_\_

3. Is any action pending against you now by:

- Yes  No a hospital or health care facility
- Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes  No malpractice insurance coverage
- Yes  No other entity: \_\_\_\_\_

4.  Yes  No Have you been named as a defendant in a malpractice suit?

5.  Yes  No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4, you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website: <http://www.npdb.hrsa.gov>.*

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

## NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: \_\_\_\_\_

## DECLARATION OF PRIMARY STATE OF RESIDENCE

Primary State of Residence is the state of your declared, fixed and permanent principal home for legal purposes.

Upon the issuance of this license, my primary state of residence will be: \_\_\_\_\_

**NOTE: You must update your address with DOPL within 2 weeks of any changes.**

## UTAH CONTROLLED SUBSTANCE AFFIDAVIT

*This license is mandatory for APRN-CRNAs. This license is optional for APRNs*

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
2. I understand that I may need a written delegation of services agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
3. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.
4. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## PSYCHIATRIC MENTAL HEALTH NURSING SPECIALTY

*Only applicants applying for the Psychiatric Mental Health Specialty need to complete this section.*

I understand it is required that I complete 3,000 hours of post-certification clinical practice. I understand that to qualify for renewal:

- if renewing less than two years after the day on which the division originally issued the license, demonstrate satisfactory progress toward completing the clinical practice; or
- have completed the clinical practice requirements.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The "Verification of Supervised Experience" form is available for download from [our website](#).

## CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

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

Printed Name: \_\_\_\_\_

Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

Completed fingerprint cards can be mailed to:

**Division of Professional Licensing  
P.O. Box 146741  
Salt Lake City, UT 84114-6741**

**REVIEW OF YOUR CRIMINAL RECORD:** If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for an agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of [Utah Code § 63G-4-301](#) and [Utah Admin. Code R151-4-902](#).

## Affidavit of Supervision for APRN Intern

Intern licensure is an optional license for APRN applicants only.  
APRN-CRNA applicants are not eligible for an intern license.

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last

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

- I understand that I must meet all requirements except those outlined in 58-31b-306 before applying for this license.
- I understand that the intern license will expire: 30 days after failing the specialty certification exam, upon issuance of my full APRN license, or 180 days after the date it was issued, whichever occurs first.
- I understand that it is my responsibility to submit documentation of meeting all requirements for licensure, and that if I do not submit documentation the intern license will automatically expire and my application for full licensure will be denied.
- I understand that I must practice under the general supervision of a Utah Licensed ARPN or physician and that I cannot begin practice until the intern license has been issued and must cease working once it expires.

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

### EMPLOYMENT INFORMATION (TO BE COMPLETED BY THE SUPERVISING APRN OR PHYSICIAN)

Name of Facility: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_  
First Middle Last

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

*Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.*

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

### ATTESTATION:

I hereby certify that I will provide general supervision to the above-named nurse at the facility listed. I understand that the applicant cannot work without a valid license, and if the intern license expires prior to their full license being issued, they must immediately cease practice.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the applicant to submit with their application. Do not begin supervision until the applicant has been approved for an Intern license.**

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

**NOTE: Incomplete applications will be denied.**

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

**If you do not have a valid Social Security number**, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

### ALL APPLICANTS

All applicants are required to submit the following items to complete the application:

- \$132.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the qualifying questionnaires.
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

### LICENSURE BY APPLICATION

*In addition* to the items required for all applicants, you must submit the following items:

- Official transcripts documenting completion of an educational program that meets one of the pathways to licensure outlined in 58-31b-302(4) and R156-31b-301c. Transcripts must document course work in patient assessment, diagnosis and treatment, and pharmacotherapeutics.  
**NOTE:** Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap. Transcripts can be sent via secure email from your school's registrar's office to [b7@utah.gov](mailto:b7@utah.gov).
- Official documentation of the current Certified Nursing Specialty.
- If you are not currently licensed in the state of Utah as a Registered Nurse, you must submit official verification of an active RN and/or APRN license from one or more jurisdictions in which you are currently licensed.

### LICENSURE BY ENDORSEMENT

If you are currently licensed in *good standing* as an APRN or APRN-CRNA in [a state, territory, or district of the United States deemed equivalent to a Utah license](#) and have at least one year of licensed experience, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved states.  
**Note:** If your state is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.
- Official documentation of current Certified Nursing Specialty.

### CONTROLLED SUBSTANCE LICENSE

*This license is optional for APRNs; however it is mandatory for APRN-CRNAs.*

If your practice in the state of Utah will include administering, possession or prescribing of controlled substances, you must apply for a Utah Controlled Substance License by submitting the following:

- \$100.00 non-refundable application processing fee, made payable to "DOPL".
- Complete the "Utah Controlled Substance Law and Rule Affidavit" found in this application.  
**\*NOTE:** In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

### OPTIONAL APRN INTERN LICENSE

If you are applying for an APRN Intern license, in addition to the items required for all applicants, submit the following:

- \$35.00 non-refundable application processing fee, made payable to "DOPL".
- Affidavit of Supervision for APRN Intern found in this application.

Submit completed application to the Division:

By US Postal Service:  
**Division of Professional Licensing**  
**PO BOX 146741**  
**Salt Lake City, UT 84114-6741**

By in-person or express delivery:  
**Division of Professional Licensing**  
**Heber M Wells Building, 1st Floor**  
**160 E 300 S**  
**Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at [B7@Utah.gov](mailto:B7@Utah.gov).