

☐ **Registered Nurse**      ☐ **Licensed Practical Nurse**

### APPLICANT INFORMATION

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

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

\* If you don't have a social security number, please follow the instructions on the last page.

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

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

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

Note: All Division notices and communication will be sent to this email.

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 License or State ID Card: \_\_\_\_\_  
State of Issue License Number Expiration Date

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

### AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

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

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

## 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: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

## 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 <b>felony</b> 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: \_\_\_\_\_

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

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

## 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.

## 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.*

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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: \_\_\_\_\_

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  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: \_\_\_\_\_

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  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: \_\_\_\_\_

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

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  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?
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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: \_\_\_\_\_

## 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 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](#).

## PATHWAY TO LICENSURE

### Option 1: Initial Licensure in Utah

If you have not held a license in any other state or territory, and if you have passed the NCLEX for Utah, select this option. Submit only the items listed on the checklist at the end of this application.

**Note:** All applicants must have first completed the Authorization to Test application and passed the NCLEX for UTAH. Information on completing these steps can be found on our website, [dopl.utah.gov/nursing](http://dopl.utah.gov/nursing), under the [Exam Information menu](#).

If you have taken and passed the NCLEX for another state, please review Options 2 and 3 below.

### Option 2: Licensure by Endorsement

Applicants who have held a license in an approved jurisdiction, with at least one year of experience, may apply for licensure by endorsement if their license is in good standing. For a list of approved jurisdictions, please see our website, [dopl.utah.gov/nursing](http://dopl.utah.gov/nursing), under the [Licensing menu](#).

In addition to the items identified on the checklist of this application, you must submit:

- ☐ [Official verification](#) of at least one active license equivalent to the classification requested in this application that was issued at least one year prior to your application to Utah and is in good standing. **Note:** Some jurisdictions may require specific information be provided with your verification. See the information on our website for details regarding specific jurisdictions.

### Option 3: Licensure by Application after licensure in another jurisdiction

Applicants who hold a license from another jurisdiction, but do not qualify for licensure under Option 2, may apply by demonstrating they meet the qualifications for initial licensure in Utah.

In addition to the items identified on the checklist of this application, you must submit:

- ☐ [Official verification](#) of at least one active license equivalent to the classification requested in this application that was issued at least one year prior to your application to Utah and is in good standing. **Note:** If your license is not in good standing, please contact the Board to clarify if additional items are required.

If you were **trained outside the United States**, you must also submit documentation of:

- ☐ Within the year preceding the date of the application, successfully completed all components listed on the CGFNS website at [cgfns.org/licensure/utah](http://cgfns.org/licensure/utah). If you completed this requirement more than one year prior to submitting this application, please contact the Board for further instructions.

**Note:** All applicants under option 3 must have taken and passed the [NCLEX](#), no other exams are accepted. If you did not take the NCLEX, you must first complete the "Authorization to Test" application and pass the NCLEX for UTAH. Information on completing these steps can be found on our website, [dopl.utah.gov/nursing](http://dopl.utah.gov/nursing), under the [Exam Information menu](#).

**Note: for applicants using Option 2 and 3: please go to [NURSYS.com](http://NURSYS.com) to request an official Verification for Endorsement. Verification processed through NURSYS are immediately available to the Division.**

## 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 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 following items to complete the application:

- ☐ \$92.00 non-refundable application processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on the qualifying questionnaires.
- ☐ All required documentation for your specific pathway to licensure (page 6). Please see the section of the application titled "Pathway to Licensure" for requirements. If required and your state participates, the fastest way to request an official verification of licensure is through [nursys.com](http://nursys.com).
- ☐ 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.

**NOTE: If you are reinstating an expired Utah license, and do not hold an active license in another state**, please contact the *Division of Professional Licensing* for instructions.

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).