UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

# Controlled Substance Database Designee

Clear Form

## 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: This must be the email used to create your CSD Account.*

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: _____

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# AFFIDAVIT OF PRACTICE *for* CSD DESIGNEE

## APPLICANT INFORMATION:

Applicant's Name: _____ _____ _____
First Middle Last

Phone: ( _____ ) _____– _____ Email: _____

## PRACTITIONER INFORMATION:

Licensed Practitioner: _____ _____ _____
First Middle Last

DOPL License Number: _____ DEA Number:_____

Name of Practice Establishment:_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ( _____ ) _____ –_____ Fax: (_____ ) _____–_____

Email: _____

## ACKNOWLEDGEMENT:

### TO BE COMPLETED BY THE DESIGNEE APPLICANT:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of accounts and passwords are strictly prohibited.

I understand that I must select the correct Practitioner for each search, and that failure to do so is a violation.

I understand that the Division will complete a search of available criminal court records.
(*See "Additional Information on Background Checks" located on the Checklist.*)

I understand that misuse of the Controlled Substance Database may result in criminal and civil action under Utah Code § 58-37f-601.

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

Signature of Designee Applicant: _____ Date: _____

### TO BE COMPLETED BY THE PRACTITIONER:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of account and passwords are strictly prohibited.

I understand that by submitting this application, I am authorizing the individual identified as "Applicant" above to have access to the Controlled Substance Database on my behalf. I understand that I am responsible for their usage of the database, and ensuring they comply with the statutes and rules associated with usage of the Database.

I further understand that it is my responsibility to notify the Division when this individual is no longer authorized to access the Database on my behalf.

Signature of Practitioner: _____ Date: _____

# 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)).

**The following items are required to complete your application:**

- ☐ Legible copy of your Driver License or State Issued Identification Card.
- ☐ "*Affidavit of Practice*" for EACH practitioner for which you are requesting access *(page 3).*
- ☐ **Create a Controlled Substance Database account using the following steps:**
  - ○ Go to: https://csd.utah.gov. (*This will redirect you to the UtahID sign in screen*)
    ***Note:*** *this URL is not supported by Internet Explorer.*
  - ○ Click **Create an Account**.
  - ○ Enter the email address that will be used for your account, click **Submit**.
    ***Important:*** *this should match the email address entered on the pages of this application.*
  - ○ Check your email for a validation code received from no-reply@utah.gov
  - ○ Enter your first and last name *and* create a username.
  - ○ Create a password following the requirements.
  - ○ The system will confirm successful creation of your account and then redirect you back to the login screen.
  - ○ Sign in to your account using the information you provided and complete the two-step authentication process.
  - ○ At csd.utah.gov, select Practitioner Staff then enter one of the providers DEA numbers for which you will have access. For State ID, enter your Driver's License or State ID number. The account will become pending for CSD staff review.

*If you already have an account with UtahID and want to use the same credentials, you may sign in using that information.*

*Having trouble? Click here to view a short UtahID creation tutorial.*

***Additional Information on Background Checks:***

Some criminal behavior may disqualify you from access to the CSD. The Division does not publish a list of disqualifying behavior, but rather, reviews each case individually.

If you are aware of a charge that may affect your access, you may submit court dockets, police records, and/or a personal explanation of any charges on your record with this application. While this is not required, it may help expedite the process when a criminal history is present.

**SUBMIT YOUR APPLICATION AND REQUIRED DOCUMENTS TO ONE OF THE FOLLOWING:**

**Email: csd@utah.gov**

or

**Fax: 801-530-6315**