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| <i>Official Use Only</i> |
| Number: _____ |
| Date Approved/Denied: _____ |
| Approved/Denied By: _____ |

Dispensing Medical Practitioner

APPLICANT INFORMATION

Full Legal Name: _____
*First**Middle**Last*

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

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

*City**State**ZIP Code*

Phone: _____ 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 authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, 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.
3. 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 Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

PROFESSION

Current Utah Licenses (check all that apply):

- APRN Osteopathic Physician/Surgeon Physician Assistant
 Optometrist Physician/Surgeon

License Number: _____ **Status:** _____

DISPENSING SUBTYPE

Please select the type of drug to be dispensed (check all that apply).

- Cosmetic Drugs Injectable Weight Loss Drugs
 Cancer Drug Treatment Regimen Prepackaged Drugs (*Employer Sponsored Clinic*)

DISPENSING MEDICAL CLINIC PHARMACY

Please list the name, address and license number of the Dispensing Medical Clinic Pharmacy you are associated with.

Clinic Name: _____ **License Number:** _____

Clinic Address: _____

Note: The clinic must be located at your place of practice. *If you are applying for both licenses at the same time, you may write "pending" in lieu of a license number.*

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.

The following items are required to complete your application:

- \$110.00 non-refundable application-processing fee, made payable to "DOPL".

CANCER DRUG TREATMENT REGIMEN APPLICANTS

- Submit documentation of your medical oncology certification or eligibility.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, feel free to contact the Division via our direct email address, doplureau3@utah.gov, or via the phone or fax listed below.