

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
MEDICATION AIDE-CERTIFIED
INSTITUTION/FACILITY/ASSOCIATION

APPLICATION INSTRUCTIONS AND INFORMATION:

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address provided on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order as state mail is not forwarded.

APPLICATION INSTRUCTIONS:

Mandatory Attachment Checklist <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Submit a complete Division of Occupational Licensing (DOPL) application form to the DOPL address below.
<input type="checkbox"/>	Submit Appropriate Application Fees <input type="checkbox"/> Medication Aide-Certified – Institution/Facility/Association: <i>\$500.00 Non-Refundable Application Fee</i>
<input type="checkbox"/>	The program consists of a minimum of 60 clock hours of didactic (classroom) training which is consistent with the model curriculum in Section R156-31b-803, and at least 40 hours of practical training within a long-term care facility.
<input type="checkbox"/>	The classroom instructor shall: <input type="checkbox"/> have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah; <u>and</u> have at least one year of clinical experience; OR <input type="checkbox"/> be an approved certified nurse aide (CNA) instructor who has completed a “Train the Trainer” program recognized by the Utah Nursing Assistant Registry; <u>and</u> have at least one year of clinical experience.
<input type="checkbox"/>	The on-site practical training experience instructor shall meet the following criteria: <input type="checkbox"/> have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah; <u>and</u> have at least one year of clinical experience; OR <input type="checkbox"/> be an approved certified nurse aide (CAN) instructor who has completed a “Train the Trainer” program recognized by the Utah Nursing Assistance Registry; <u>and</u> have at least one year of clinical experience. Please note: The practical training instructor-to-student ratio shall be: 1:2 if the instructor is working one-on-one with the student to administer the medications; or 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse. The on-site practical training experience instructor shall be on-site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience.
<input type="checkbox"/>	<input type="checkbox"/> provide evidence of adequate and appropriate trainers and resources to provide the training program including a well-stocked clinical skills lab or the equivalent
<input type="checkbox"/>	<input type="checkbox"/> submit a copy of the proposed training curriculum and an attestation that the proposed curriculum is consistent with the model curriculum in Section R156-31b-803
<input type="checkbox"/>	Document minimal admission requirements including, but not limited to: an earned high school diploma or successful passage of the general educational development (GED) test; current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry, with at least 2,000 hours of experience within the two years prior to application to the training program, working as a certified nurse aide in a long-term care setting; and current cardiopulmonary resuscitation (CPR) certification.

***Important Additional Important Information:**

1. **Application Processing:** Processing time for an application is approximately 7 to 14 business days.
2. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at www.dopl.utah.gov.
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Nurse Practice Act
 - Nurse Practice Act Rules
3. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office. Credit card information is not accepted over the telephone.
4. **Mail Complete Application to:**
 - By U.S. Mail

 - Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

 - By Delivery or Express Mail

 - Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111
5. **Telephone Numbers:**
 - (801) 530-6628
 - (866) 275-3675 – Toll-free in Utah



State of Utah
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone (801) 530-6628
www.dopl.utah.gov

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)

Medication Aide-Certified – Institution/Facility/Association

Please check one:

- Educational Institution
 A Health Care Facility
 A Health Care Association

Name of /Institution/Facility/Association:		
Physical Location:		
City:	State:	ZIP:
Phone #:	FAX:	E-Mail:

Contact Person for Approval Purposes: Name:	Title:	
Mailing Address:		
City:	State:	ZIP:
Contact Persons Direct Phone #:	FAX:	E-Mail:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

Date Approved/Denied: ___/___/___ by _____

Reason for Denial/Other Comments: _____

Bureau Manager Review: Approve Deny Date _____

Comments:

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

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.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Responsible Party: _____

Date of Signature: ____/____/____

Printed Name of Responsible Party: _____

COMPLIANCE WITH UTAH LAWS AND RULES

All individuals associated with or employed by the applicant understand that it is their continuing responsibility to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Name: _____ Signature: _____ Date: _____