



# 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](http://www.dopl.utah.gov)

License(s) Applying For:  **OPTOMETRIST** (\$140.00 Non Refundable Application Fee)  
 **CONTROLLED SUBSTANCE LICENSE** (\$100.00 Non Refundable Application Fee)  
(Schedules III, IV and V only)

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

<b>***Please list your full legal name as it appears on your driver's license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:    -    -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

**DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY**

License/Certificate Number: \_\_\_\_\_  
 Date License/Certificate Approved/Denied: \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_  
 Reason for Denial/Other Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Bureau Manager Review: QQ Yes answers or Education or Exam     Approve     Deny

**AFFIDAVIT and RELEASE AUTHORIZATION FOR APPLICANT**

1. I certify under penalty of perjury that I am a United States citizen, a qualified alien as defined in 8 U.S.C. Sec. 1641, or I am lawfully present in the United States.
2. I certify that am qualified in all respects for the license for which I am applying in this application.
3. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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.
4. I authorize all persons, institutions, organization, 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.
5. 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 you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
6. I understand that as holder of a Utah Controlled Substance licensee that I must comply with Utah Code Annotated §58-37f-401(3). This statute requires me to register with the Controlled Substance Database in order to hold a Utah Controlled Substance License.

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

**OPTOMETRY SCHOOL** *(Use additional sheets if necessary.)*

Name:	
Dates Attended:	to
Location:	
Degree Received:	
Date of Graduation:	
If you graduated from an optometry school before July 1, 1996, submit the following:	
<ul style="list-style-type: none"> <li>• An original, certified transcript and/or certificate of completion documenting the 100 hours of course work in general and ocular pharmacology.</li> <li>• A copy of your current CPR or BCLS Certification.</li> </ul>	

**PROFESSIONAL EXAMINATION REQUIREMENT**

# Attempts	Examination	Date(s) Taken
	NBEO-Part I	
	NBEO-Part II	
	NBEO-Part III	
	NBEO-TMOD	
<b>List Tests Taken if Not Listed Above:</b>		
# Attempts	Examination	Date(s) Taken

## UTAH OPTOMETRY LAW AND RULES EXAMINATION

The references listed below have been provided to assist you in selecting your response. The test is not intended to be difficult. The purpose of the test is to bring to your attention specific practice issues that you need to know in order to avoid violating Utah law and rule.

DOPL Licensing Act, 58-1 - <http://dopl.utah.gov/laws/58-1.pdf>

General Rule for DOPL, R156-1 - <http://dopl.utah.gov/laws/R156-1.pdf>

Utah Optometry Practice Act, 58-16a - <http://dopl.utah.gov/laws/58-16a.pdf>

Optometry Practice Act Rule, R156-16a - <http://dopl.utah.gov/laws/R156-16a.pdf>

Answer “**True**” or “**False**” for each statement. Submit this completed examination with your application for licensure.

<input type="checkbox"/> True <input type="checkbox"/> False	1. Optometrists are required to complete 30 hours of approved continuing education during each licensing cycle ( <i>every two years</i> ).
<input type="checkbox"/> True <input type="checkbox"/> False	2. DOPL may report disciplinary action to other state or federal governmental entities, the media, or to any other person who is entitled to such information under the Government Records Access and Management Act.
<input type="checkbox"/> True <input type="checkbox"/> False	3. An Optometrist can prescribe pharmaceutical agents for the treatment of conditions of the eye and adnexa.
<input type="checkbox"/> True <input type="checkbox"/> False	4. A person can sell contacts without an optometry license if that person complies with 58-16a-801.
<input type="checkbox"/> True <input type="checkbox"/> False	5. The use of intoxicants, drugs, narcotics, or similar chemicals to the extent that the conduct does or might reasonably be considered to, impair the ability of the licensee or applicant to safely engage in the profession of optometry can be considered unprofessional conduct.
<input type="checkbox"/> True <input type="checkbox"/> False	6. DOPL can investigate the activities of any licensed person, subpoena witnesses, issue cease and desist orders, and take administrative and judicial action against persons in violation of the laws and rules.
<input type="checkbox"/> True <input type="checkbox"/> False	7. An Optometrist may provide any optometric services not specifically prohibited under the Utah Optometry Practice Act and Rules if they practice within their training, skills, and scope of competence.
<input type="checkbox"/> True <input type="checkbox"/> False	8. Failure to refer a patient to an appropriate practitioner when the patient’s condition does not respond to treatment is defined as unprofessional conduct.
<input type="checkbox"/> True <input type="checkbox"/> False	9. Prescribing or administering Schedule II controlled substances by persons licensed under the Utah Optometry Practice Act is prohibited.
<input type="checkbox"/> True <input type="checkbox"/> False	10. Continuing education courses approved by the Council on Optometric Professional Education (COPE) or the Council on Medical Education (CME) will be accepted for continuing education courses.

## UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed in order to become familiar with Utah's controlled substance prescribing practices.

Utah Controlled Substances Act, 58-37 <http://dopl.utah.gov/laws/58-37.pdf>

Utah Controlled Substances Act Rule, R156-37 <http://dopl.utah.gov/laws/R156-37.pdf>

Answer "True" or "False" for each statement. Submit this completed examination with your application for licensure.

<input type="checkbox"/> True <input type="checkbox"/> False	1. A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply.
<input type="checkbox"/> True <input type="checkbox"/> False	2. A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription.
<input type="checkbox"/> True <input type="checkbox"/> False	3. All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription.
<input type="checkbox"/> True <input type="checkbox"/> False	4. Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours.
<input type="checkbox"/> True <input type="checkbox"/> False	5. All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years.
<input type="checkbox"/> True <input type="checkbox"/> False	6. The name, address, and DEA registration number of the prescribing practitioner, and the name, address and age of the patient are required to be included on the prescription for a controlled substance.
<input type="checkbox"/> True <input type="checkbox"/> False	7. A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed.
<input type="checkbox"/> True <input type="checkbox"/> False	8. After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL.
<input type="checkbox"/> True <input type="checkbox"/> False	9. The maximum number of controlled substances that can be written on a single prescription form is one.
<input type="checkbox"/> True <input type="checkbox"/> False	10. An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order.
<input type="checkbox"/> True <input type="checkbox"/> False	11. Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action.
<input type="checkbox"/> True <input type="checkbox"/> False	12. A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment.
<input type="checkbox"/> True <input type="checkbox"/> False	13. The Division will immediately suspend the Utah controlled substance license if the DEA registration is denied, revoked, surrendered, or suspended.
<input type="checkbox"/> True <input type="checkbox"/> False	14. The Division may: refuse to issue a license, refuse to renew a license, or revoke, suspend, restrict, or place on probation the license of an individual who does not register with the controlled substance database and take the controlled substance tutorial and examination.

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank.**

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you been named as a defendant in a malpractice suit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions or conditions imposed by any malpractice carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea-in-abeyance or deferred sentence</i> )?

<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Has any owner, officer, manager, pharmacist, pharmacy technician or medical practitioner associated with or employed by the applicant ever had a license, certificate, permit, registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
	<p><b>If you answered "Yes" to question 15 you must submit a complete narrative of the circumstances and you must submit a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf.</b></p> <p><b>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 22, 23, 24, 25, 26, 27 or 28 you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</b></p> <p><b>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.</b></p> <p><b>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</b></p> <p><b>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.</b></p>

## VERIFICATION OF OPTOMETRY WORK EXPERIENCE

### PART 1 - APPLICANT IS TO COMPLETE PART I FOR EACH EMPLOYER WHO WILL VERIFY EXPERIENCE.

Name of Applicant: \_\_\_\_\_ License Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Address: \_\_\_\_\_

### PART 2 - OPTOMETRY EMPLOYER IS TO COMPLETE PART II AND RETURN IT TO THE APPLICANT.

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Inclusive Dates of Employment: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Hours Applicant Worked Per Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Nature of Applicant's Duties: \_\_\_\_\_

I certify that the applicant has completed the experience outlined above.  Yes  No

I further certify that the applicant:

is qualified and competent to practice as a licensed optometrist.

is not qualified and competent to practice as a licensed optometrist.

If applicant is not qualified, please explain the nature of the problem and recommendation for becoming qualified.  
(Use additional sheets if necessary.)

I further certify that the information provided is truthful, correct and complete, and discloses all material facts regarding the applicant. 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 DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state if applicable.)

Utah Division of Occupational and Professional Licensing  
160 E 300 S  
PO Box 146741  
Salt Lake City, UT 84114-6741

## TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are **currently** licensed as an Optometrist. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Last Name:	First Name:	Middle Name:	
Maiden Name:	Social Security Number:     -     -		
Mailing Address:	City:	State:	ZIP:
Date of Birth:	E-Mail:	Date of Graduation:	
I am requesting licensure in the <b>STATE of UTAH</b> as a/an <b>OPTOMETRIST</b>			
I am/have been licensed in your state under the name:		License # in your state is/was:	
I have enclosed the necessary license verification fee in the amount of \$			
Signature of Applicant:			Date:

## TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested sign and verify the document and mail it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the sealed verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Endorsement: from what state? \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required for Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

(SEAL)

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**(FOR TWO-SIDED PRINTING)**

# UTAH OPTOMETRIST

## Application Instructions and Information

<b>Mandatory Attachment Checklist</b> <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Submit a complete DOPL application form to the DOPL address below.
<input type="checkbox"/>	Submit an original, certified transcript documenting completion of a doctoral degree from a school of optometry accredited by the Council on Optometric Education. If you graduated from an optometry school before July 1, 1996, submit the following: <ul style="list-style-type: none"> <li>• An original, certified transcript and/or certificate of completion documenting the 100 hours of course work in general and ocular pharmacology.</li> <li>• A copy of your current CPR or BCLS Certification</li> </ul>
<input type="checkbox"/>	Submit proof of having completed all steps of the NBEO examination.
<input type="checkbox"/>	Submit Appropriate Application Fees <ul style="list-style-type: none"> <li>• Optometrist <i>(\$140.00 Non Refundable Application Fee)</i></li> <li>• Controlled Substance <i>(\$100.00 Non Refundable Application Fee)</i></li> </ul>

**You must hold** a Utah controlled substance license and a Drug Enforcement Administration (DEA) registration to administer, possess or prescribe a controlled substance in your practice of medicine in Utah. **Contact the DEA at Salt Lake District Office 348 East South Temple Salt Lake City UT 84088. Telephone (801) 524-4389.**

1. **Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. If an SSN is not provided, the application is incomplete and may be denied.
2. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
3. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov).
4. **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 – but not over the telephone.
5. **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, 1<sup>st</sup> Floor Lobby
  - Salt Lake City, Utah 84111
6. **Telephone Numbers:**
  - (801) 530-6628
  - (866) 275-3675 – Toll-free in Utah