STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

REGISTERED NURSE or
LICENSED PRACTICAL NURSE

Please Note: During the last Legislative session, the Nurse Practice Act, subsection 58-31b-601, Minimum standards for nursing programs, was amended. This amendment became effective May 14, 2013. **Therefore, all applicants who graduate after May 14, 2013, both in-state and out-of-state, must complete a nursing education program that meets the following standards:**

> **58-31b-601. Minimum standards for nursing programs**
> (1) Except as provided in Subsection (2), to qualify as an approved education program for the purpose of qualifying graduates for licensure under this chapter, a nursing education program shall be accredited by the
> (a) Commission on Collegiate Nursing Education;
> (b) National League for Nursing Accrediting Commission (now known as the Accreditation Commission for Education in Nursing, Inc); or
> (c) Council on Accreditation of Nurse Anesthesia Educational Programs.

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. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Legal Name of Record: You must apply under your legal name. Do not list nicknames on the application. According to the Code of Federal Regulations, 6 CFR 37.3, Title 6; Chapter I, Part 37, Subpart A, Full legal name means "an individual's first name, middle name(s), and last name or surname, without the use of initials or nicknames."

Address of Record: The address provided on this application WILL BE YOUR ADDRESS OF RECORD. **Your address of record is your fixed permanent and principal home for legal purposes.** You **may not** list your place of employment as your address of record. All correspondence from DOPL will be sent to the address of record. 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.

Social Security Number: A social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If a Social Security Number is not provided, the application is incomplete and may be denied.

APPLICATION INSTRUCTIONS:

Mandatory Attachment Checklist *(Applications with incomplete attachments will not be considered and may be denied.)*	
❑	Submit a complete Division of Occupational Licensing (DOPL) application form to the DOPL address below. **If you are applying as a new graduate, do not submit the application any earlier than 6 weeks prior to graduation.**
❑	Appropriate Application Fees ***Submit a $100.00 Non-Refundable Application Fee.*** This fee includes a $60.00 application fee and a $20.00 surcharge for a BCI fingerprint file search, and a $20.00 surcharge for a FBI fingerprint file search.
❑	Submit two applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). If you bring your completed application to DOPL's office at 160 E 300 S, Main Lobby, Salt Lake City, your fingerprints can be electronically scanned using DOPL's Identix equipment.

❑	If you are a new graduate, submit an official transcript showing the 1) graduation date and 2) degree obtained and/or completion of your nursing program. Official transcript must bear the school seal. If transcripts are not sent directly from the education program to DOPL, the transcripts must be in an envelope sealed by the school. Failure to submit an official transcript will result in denial of your application as incomplete.
❑	If you are applying for licensure by endorsement, you must have a current, active in good standing license in another jurisdiction. Complete the following in addition to submitting a completed application, fees and two fingerprint cards: 1. Obtain verification of licensure from a state in which you are currently licensed as a nurse by completing the following steps: ☐ Go to www.nursys.com to determine if the state from which you are seeking verification of licensure is listed as a participant on the NURSYS verification system. If so, follow the directions on the NURSYS website to obtain verification of your license through NURSYS. **OR** ☐ If the state from which you are seeking verification of licensure is not listed as a participant on the NURSYS verification system, use the "Request for Verification of Licensure" form attached to this application to obtain verification of licensure. Fill out the first page of the verification form and send both pages of the form to your current state of licensure. Request that the verifying state complete the form and mail it directly to DOPL.
❑	If you are a graduate of a foreign nursing school, submit a CGFNS (Certification Program) certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS), 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767, www.cgfns.org. The CGFNS Certificate consists of 1) a credentials review of secondary and nursing education, registration and licensure; 2) The CGFNS Qualifying Exam®, a test of nursing knowledge, and 3) a report on an English language proficiency exam. Upon successful completion of all three parts, applicants receive the CGFNS (Certification Program) certificate.
❑	If you are applying as an LPN by equivalency, you must be enrolled in an RN education program with full approval status, and have completed course work which is equivalent to the course work of an ACEN accredited practical nursing program. The educational program must submit a letter of equivalency documenting the date you met the PN equivalency requirements.
❑	NCLEX® Examination Registration: New graduates: You must register with Pearson Vue to take the examination prior to submitting the DOPL application. You may register online at www.pearsonvue.com/nclex or by phone at 1-866-496-2539, Monday through Friday, 7 a.m. to 7 p.m., U.S. Central Time. You must register using your legal name as it appears on your picture ID. The NCLEX® Examination Fee is currently $200.00.

*Important Additional Important Information:

1. **Application Processing**: Processing time for an application, *where the fingerprints have been electronically scanned by DOPL and there are no issues that need to be resolved*, is approximately 7 to 21 business days if the application is complete. If the application is incomplete, the processing time will increase.

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, 58-1 (May 14, 2013)
   - General Rules of the Division of Occupational & Professional Licensing, R156-1 (March 11, 2013)
   - Nurse Practice Act, 58-31b (May 14, 2013)
   - Nurse Practice Act Rules, R156-31b (July 8, 2010)
   - Nurse Licensure Compact, 58-31c (Jan 01 2000)
   - Nurse Licensure Compact Rule, R156-31c (Aug 16 2010)

3. **Education Requirement:** You must complete an approved nursing education program to qualify for licensure. All applicants who graduated after May 14, 2013, must have graduated from a nursing education program accredited by the Commission on Collegiate Nursing Education (CCNE); Accreditation Commission for Education in Nursing, Inc (ACEN), formally the National League for Nursing Accrediting Commission; or Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Any nursing education program located outside of Utah must also meet the standard established in statute and rule.

PLEASE NOTE: If you graduated from a nursing education program after May 14, 2013**, you must include documentation that your education program was ACEN or CCNE accredited.** Your school can provide this documentation to you for inclusion with your application; or you can print of the accreditation information from the ACEN or CCNE website. To find the accreditation information, go to the accreditation body website, search for accredited programs, enter the name of your program or the state where the program is located, and print off the page that indicates the nursing program's accreditation information. Include this information with your application. The web site for the Accreditation Commission for Education in Nursing (ACEN) is www.acenursing.org. The Commission on Collegiate Nursing Education (CCNE) web site is www.aacn.nche.edu/ccne-accreditation.

4. **Nursing Licensure Interstate Compact:** A nurse must legally reside in a compact state to be eligible for issuance of a compact (multistate) license. In order to obtain a Utah compact (multistate) license, you must declare Utah as your primary state of residency and have a Utah address as your address of record. If you are moving to Utah and declaring Utah as your primary state of residency, you must apply for licensure by endorsement. A nurse whose primary state of residence is a noncompact state is not eligible for a compact license and will be issued a "valid in Utah only" license. Upon issuance of a compact (multistate) license, any active compact state will be notified and that license will be inactivated. A nurse can only hold one compact (multistate) license.

   Nurses are required to promptly declare a new state of residency when they obtain a new driver's license, change where federal taxes are paid or register to vote. More information regarding the Interstate Compact, including a current list of all Compact states , is available on the National Council of State Boards of Nursing web site at www.ncsbn.org.

5. **NCLEX® Examination Eligibility and Scheduling:** To sit for the examination, you must be made eligible by DOPL. DOPL can not make you eligible to sit for the examination if you have not registered with PearsonVue and paid the $200.00 registration fee. DOPL will determine candidate eligibility based on the information contained in the complete application and receipt of official transcripts with the date of completion and the degree earned.

   Once authorized to take the examination, the test company will send you an "Authorization to Test" (ATT) to your e-mail address along with information explaining how to schedule your examination. Please read the information carefully. Once you have received your "Authorization to Test," call and schedule an appointment to take the examination. You can not schedule an appointment unless you have received the ATT.

6. **Examination Addresses and Telephone Numbers:**
   Examination Registration, (866) 496-2539 (*Monday through Friday*), 7:00 a.m. to 7:00 p.m. (CST) or online at www.pearsonvue.com/nclex

7. **NCLEX® Examination Results: Within one - two weeks of taking the examination**, DOPL will mail your license if you passed the examination; or if you did not pass the examination you will receive an examination summary. **Do not call DOPL to obtain your test results**. No results will be released over the phone.

   Passing the examination does not authorize you to practice as a nurse in the State of Utah. You must be issued a Utah license prior to practicing.

   If you fail the examination, you must (1) re-registered with Pearson Vue, (2) submit another examination fee to the testing company, (3) submit an "Intent to Retake the Examination" form to DOPL (*available at www.dopl.utah.gov*), or call the Division and inform the Division that you have re-registered, and (4) reschedule an appointment to take the examination when you have received another "Authorization to Test." The examination may only be taken once every 45 days.

8. **Reinstatement of Utah License:** If you are reinstating your Utah nursing license that has been expired more than two years, you must submit a complete application for licensure with all applicable fees and required documentation (verification of a current active license in another state; or documentation of meeting the Nurse Practice Act Rule, subsection R156-31b-306). However, if you are reinstating your Utah license and are currently licensed in good standing with a Compact state license from a compact state, you will only need to submit the renewal application, current renewal fee and verification of licensure. The renewal application is

found on the Division's website at www.dopl.utah.gov.

PLEASE NOTE: If you are reinstating your Utah nursing license, you must meet all current requirements, which includes meeting the **current educational requirement as listed in the Nurse Practice Act, section 58-31b-601.**

9. **License Renewal:** Unlike many other states, Utah's license renewal schedule is not based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. All LPN licenses expire January 31 of every even-numbered year and all RN licenses expire January 31 of every odd-numbered year. The length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years. Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure PRIOR to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL. It is your professional responsibility to maintain a current active license if you are practicing in Utah. If you do not receive a renewal notice, it is your responsibility to contact the Division and obtain the renewal information.

10. **Updating Address/email Information**: It is your responsibility to maintain a current address with DOPL. The Division of Occupational and Professional Licensing Act, section 58-1-301.7 requires that a licensee notify the Division within 10 business days of a change in mailing address. **An applicant, licensee, or certificate holder is considered to have received a notification that has been sent to the most recent mailing address provided to the Division.** Please also update your email address if it changes. Address/email changes can be made online at www.dopl.utah.gov.

11. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

12. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's office at 160 E. 300 S., Salt Lake City, 8:00 a.m. to 4:30 p.m., Monday through Friday, except holidays. The cost for having fingerprints electronically scanned by DOPL is covered in the $40 non-refundable surcharge fee. Applicants that arrive late in the day without leaving sufficient time to be processed will be turned away. A current government issued picture ID is required and would include one of the following: a driver's license issued by Washington D.C., a state of the United States of America or an identification card issued by the state of Utah.

    If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) fingerprint cards (Form FD-258) with your application for each individual associated with the application as defined above. **To have your fingerprints rolled onto the fingerprint cards, you must go to BCI, a local police station or an agency authorized by the FBI to roll fingerprints.** If you downloaded the application from the Internet, you may obtain fingerprint cards the Bureau of Criminal Identification (BCI), your local police station or authorized agency. *Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.* **Due to the high number of inked fingerprint cards that are rejected and the amount of time it takes state and federal government agencies to process these cards, applicants are encouraged at the time of application to have their fingerprints electronically scanned at DOPL or at the Bureau of Criminal Identification.**

    Bureau of Criminal Identification (BCI) Information:

    - Check with BCI for pricing of their services
    - Walk-ins only; no appointments taken
    - Fingerprinting and Photo Services are available from 8:00 a.m. – 5:00 p.m., Monday - Friday except holidays
    - Government-issued picture ID required (driver's license, state ID, passport, etc.)
    - Address: 3888 W. 5400 S., Taylorsville, UT 84118 (1/2 block west of Bangerter Highway, behind McDonalds)
    - Website: www.bci.utah.gov. Telephone number: (801) 965-4569

Review of your FBI Record: If you wish to 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, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

13. **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.

14. 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

Telephone Numbers:
(801) 530-6628
(866) 275-3675 – Toll-free in Utah

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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

APPLICATION FOR LICENSURE:

☐ LICENSED PRACTICAL NURSE (LPN)
☐ REGISTERED NURSE (RN)

Please list your full legal name as it appears on your driver's license, Social Security Card, etc.		
Last Name:	First Name:	Middle Name:
Social Security Number: - -	Maiden Name:	

I certify under penalty of perjury that:

☐ 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: __

☐ 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.

☐ 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: __

☐ 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.

☐ I am a foreign national not physically present in the United States.

Mailing Address:			
City:		State:	ZIP:
☐ Male ☐ Female	Date of Birth:	Phone #:	E-Mail:

List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

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: ___/___/____

Approved By: _____

Date License/Certificate Denied: ___/___/____

Denied By: _____

Reason for Denial/Other Comments: _____

DECLARATION OF PRIMARY STATE OF RESIDENCE:

Primary State of Residence is the state of your declared fixed permanent and principal home for legal purposes; domicile.

My primary state of residence will be: _____

Note: You must provide DOPL with a Utah address within 30 days of from the date a new residence is established.

PROFESSIONAL EDUCATION REQUIREMENT:

	Name of Nursing Educational Program:			
	Address of Program:			Accredited by: ☐ ACEN ☐ CCNE
	City:		State:	Zip:
	Dates Attended:	From:	To:	
	Degree Received :		Date of Graduation:	

If you graduated from a nursing education program after May 14, 2013, you must include documentation that your education program was ACEN or CCNE accredited.

☐	I have included documentation that my nursing education program was ACEN or CCNE accredited.

HIGH SCHOOL EDUCATION REQUIREMENT:

	Name of School:		
	City:	State:	Zip:
	Date of Graduation:		
Or:	Equivalent Education:	Date Earned:	

PROFESSIONAL EXAMINATION REQUIREMENT:

☐	If licensed in another state date(s) examination taken:
☐	If applying for initial licensure as a new graduate, I have registered for the NCLEX® examination. You must register with Pearson Vue before you can be made eligible to take the exam. See the instructions for details.

LICENSURE IN ANOTHER JURISDICTION:

If you are licensed in another jurisdiction please check the box that applies to you:

☐	I have enclosed an official verification of licensure with this application
☐	I have requested official verification from NURSYS
☐	I have requested the following state to send a verification of licensure directly to Utah. Name of State:_____
Or	
☐	I do not hold registrations or certifications issued by any jurisdiction.

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 examination approval/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

I understand that it my continuing responsibility 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.

Name: _____ Signature: _____
Date: _____

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RN/LPN 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.*)

☐ Yes ☐ 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?
☐ Yes ☐ No	2. Have you ever been denied the right to sit for a licensure examination?
☐ Yes ☐ 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?
☐ Yes ☐ No	4. Have you ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
☐ Yes ☐ No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
☐ Yes ☐ No	6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
☐ Yes ☐ 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 by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
☐ Yes ☐ No	8. Is any action related to your conduct or patient care pending at any hospital or health care facility?
☐ Yes ☐ 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?
☐ Yes ☐ 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 by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
☐ Yes ☐ No	11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
☐ Yes ☐ 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?
☐ Yes ☐ No	13. Have you ever been permitted to surrender a registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
☐ Yes ☐ No	14. Is any action now pending against you by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
☐ Yes ☐ No	15. Have you been named as a defendant in a malpractice suit?
☐ Yes ☐ 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?
☐ Yes ☐ No	17. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
☐ Yes ☐ 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?

☐ Yes ☐ No	19. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
☐ Yes ☐ No	20. Have you ever been terminated from a position because of drug use or abuse?
☐ Yes ☐ No	21. Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) 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?
☐ Yes ☐ No	22. Have you ever used any drugs 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, for which he has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he has not otherwise been successfully rehabilitated?
☐ Yes ☐ No	23. Have you ever had a documented case in which he was involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
☐ Yes ☐ No	24. Do you currently have any criminal action pending?
☐ Yes ☐ No	25. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
☐ Yes ☐ No	26. 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?
☐ Yes ☐ No	27. Have you ever pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction? 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.
☐ Yes ☐ No	28. Have you been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea-in-abeyance or deferred sentence*)?
STOP	**If you answered "yes" to questions 24, 25, 26, 27 or 28 above, 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).** 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. 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. **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.** **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.**