

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**PODIATRIC PHYSICIAN**

**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 you provide 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.

**Social Security Number:** Your 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 SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit an official transcript from a college of podiatric medicine accredited by the Council of Podiatric Education, which includes your date of graduation and degree earned.

**Note:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit an "Evaluation of Postgraduate Training" form (*attached to this application*) from each of your residency programs to document having successfully completed at least 12 months of postgraduate training in a program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

Request that the Residency Director complete the form and mail it directly to DOPL. Evaluations will not be accepted from administrative personnel. Letters of recommendation will not be accepted in lieu of the evaluation form.

3. Submit a completed take-home "Utah Podiatric Law and Rule Examination" (*pages 11 and 12*

*of this application).*

4. Submit an official score report from the National Board of Podiatric Medical Examiners Examination (NBPME) verifying your having passed the National Examination.
5. Submit an official score report from the Podiatric Medicine Licensing Examination verifying a passing score on the Part III of the NBPME (*formerly known as PMLexis*), unless you are applying by endorsement.
6. If you are applying for licensure by endorsement, additionally complete the following:

- Use the “Request for Verification of License” form (*attached to this application*), to obtain verification from a state in which you are currently licensed as a podiatrist.

Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

- Submit verification that you have been licensed as a podiatric physician in the jurisdiction issuing the license for at least the last two years immediately preceding the date of this application.
7. Submit a **\$200.00** non-refundable application-processing fee, made payable to “DOPL.”
  8. If you are applying for a Utah controlled substance license, additionally complete the following:

- Submit a completed take-home “Utah Controlled Substances Law and Rules Examination” (*pages 13 and 14 of this application*).

- Submit an additional **\$90.00** non-refundable application-processing fee.

**NOTE:** The total fee for a podiatric physician license **and** a Utah controlled substance license is \$290.00, made payable to “DOPL.”

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Podiatric Law and Rules Examination:** Enclosed with this application is the take-home Utah Podiatric Law and Rules Examination. All applicants must complete the exam and submit it with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act
- General Rules of the Division of Occupational & Professional Licensing
- Utah Podiatric Physician Licensing Act
- Utah Podiatric Physician Licensing Act Rules

2. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. Return the completed

examination with your application for licensure if you are applying for a controlled substance license in addition to your license. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Utah Controlled Substances Licensing Act
- ❑ Utah Controlled Substances Licensing Act Rules

3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
4. **National Licensing Examination:** In the opinion of NBPME, the examinations should be taken in sequence: Part I, Part II, and then Part III. You are required to have successfully completed Part I and Part II before being made eligible for Part III.

Part III of the NBPME (*formerly known as PMLexis*) is a licensing examination designed to determine whether a candidate's knowledge and clinical skills are adequate for safe practice. Candidates must hold a DPM and have made application for a license in one or more of the participating states to take Part III.

To assist candidates in preparing for the examinations, outlines of the content areas covered are included in the Bulletin. Sample questions representative of the actual test content, difficulty level, and question formats can be found on the NBPME website: [www.nbpme.com](http://www.nbpme.com)

Please follow the registration process as outlined below:

- A. All of the information about the examination and test administration is outlined at [www.nbpme.com](http://www.nbpme.com). If you have questions about the registration form, call 1-877-302-8952 for assistance.
  - B. Complete the Registration Form and submit it along with the testing fee to Thomson Prometric before April (*for the June administration*) or before September (*for the December administration*).
5. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of medicine in Utah.

For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84111. Telephone (801) 524-4389.

6. **License Renewal:** All podiatric physician licenses expire September 30 of every even-numbered year. Additionally, your controlled substance license will expire at the same time as your podiatric physician license and will also need to be renewed at that time.

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. Therefore, 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.

7. **Continuing Education:** In order to renew your license you must complete at least 40 hours of qualified continuing education.
8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
9. **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*).
10. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
11. **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.
12. **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

13. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – toll-free in Utah
14. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License(s) Applying For:  **PODIATRIC PHYSICIAN LICENSE**  
 **UTAH CONTROLLED SUBSTANCE LICENSE**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## ***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: \_\_\_\_\_

**MEDICAL SCHOOL:** *(Use additional sheets if necessary.)*

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**GRADUATE MEDICAL EDUCATION OR TRAINING:**

Complete the information below and account for **all periods** of training or postgraduate work from the time you graduated from podiatric school. *(Use additional sheets if necessary.)*

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Ended: \_\_\_/\_\_\_/\_\_\_

Position (*intern, resident, fellow*): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Ended: \_\_\_/\_\_\_/\_\_\_

Position (*intern, resident, fellow*): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Ended: \_\_\_/\_\_\_/\_\_\_

Position (*intern, resident, fellow*): \_\_\_\_\_



**AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a podiatric physician in Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**LICENSES:**

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

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

**LICENSURE BY ENDORSEMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ I am currently licensed, in good standing, in another state.

\_\_\_\_\_ I have been licensed as a podiatric physician for at least 2 years immediately preceding the date of this application.

\_\_\_\_\_ I do not have any action pending against my license.

# UTAH PODIATRIC PHYSICIAN LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The 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 law and rules. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with your Utah podiatric practice.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure as a podiatric physician.

1. \_\_\_\_\_ An unlicensed podiatric student engaged in activities that constitute the practice of podiatry while training in an approved and recognized school is exempt from licensure. [REF: Podiatric Physician Practice Act 58-5a-306(2)]
  
2. \_\_\_\_\_ All of the following are examples of unprofessional conduct:
  - A. willfully making a false statement in reports or claim forms with intent to secure payment not rightfully due
  - B. employing an unlicensed person as a podiatrist
  - C. willfully using false advertising[REF: Podiatric Physician Practice Act 58-5a-102(4)]
  
3. \_\_\_\_\_ A person applying for a license by endorsement must show proof of being licensed as a podiatric physician in another jurisdiction for NOT LESS than 2 years. [REF: Podiatric Physician Practice Act 58-5a-305(2)]
  
4. \_\_\_\_\_ According to the Podiatric Physician Licensing Act Rules, a recognized school is a school accredited by the Council on Podiatric Medical Education. [REF: Podiatric Physician Practice Act Rules, R156-5a-102(2)]
  
5. \_\_\_\_\_ To be eligible for licensure as a Podiatric Physician, a person must have completed at least 12 months of approved postgraduate training in a residency program. [REF: Podiatric Physician Practice Act Rules, R156-5a-302a]
  
6. \_\_\_\_\_ Unlawful conduct by a podiatric physician includes administering general anesthesia, amputating a person’s foot, and using the title podiatric physician when not licensed to do so, or exempted from such licensure. [REF: Podiatric Physician Practice Act 58-5a-102(3)]

*(Continued on the next page.)*

7. \_\_\_\_\_ Any person who engages in unlawful conduct as defined in the Podiatric Physician Practice Act may be charged with a third degree felony. [REF: Podiatric Physician Practice Act 58-5a-501]
8. \_\_\_\_\_ The Utah Podiatric Physician Licensing Board consists of four podiatric physicians and one member of the general public. [REF: Podiatric Physician Practice Act 58-5a-201]
9. \_\_\_\_\_ A podiatric physician who violates the unlawful conduct provision may be found guilty of a third degree felony. [REF: Podiatric Physician Practice Act 58-5a-501]
10. \_\_\_\_\_ The MINIMUM length of time that records of qualified continuing professional education must be kept after the two-year renewal period to which the records pertain is four years. [REF: Podiatric Physician Practice Act Rules, R156-5a-304(6)]
11. \_\_\_\_\_ During each two-year renewal period, a podiatrist must complete a minimum of 40 hours of continuing education. [REF: Podiatric Physician Practice Act Rules, R156-5a-304(2)]
12. \_\_\_\_\_ A podiatric physician may earn a maximum of 40 hours of professional continuing education credit in a two-year period for teaching in a college or university or teaching qualified professional education courses in the field of podiatry. [REF: Podiatric Physician Practice Act Rules, R156-5a-304(5)(b)]
13. \_\_\_\_\_ A maximum of 10 hours of clinical reading directly related to practice as a podiatric physician may be recognized as continuing professional education for every two-year renewal period. [REF: Podiatric Physician Practice Act Rules, R156-5a-304(5)(c)]
14. \_\_\_\_\_ A person may be exempted from a Podiatric Physician license in Utah if that person resides in another state, is licensed to practice podiatry in that state, is called in for a consultation by a person licensed in Utah, and the services are limited to that one consultation. REF: Podiatric Physician Practice Act, 58-5a-306(4)
15. \_\_\_\_\_ The Division may refuse to issue a license to an applicant who is found guilty of unlawful conduct related to practice, has obtained or attempted to obtain a license by fraud, or has had a license to practice in any profession or occupation subjected to disciplinary action which demonstrates a threat or potential threat to the public health, safety or welfare when considered with the activities of a podiatry physician. [REF: Podiatric Physician Practice Act, 58-5a-401(2)]

# UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The 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 law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. \_\_\_\_\_ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]
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. [58-37-6(7)(f)(ii)]
3. \_\_\_\_\_ All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4. \_\_\_\_\_ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. (R156-37-601)
5. \_\_\_\_\_ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
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. [58-37-6(7)(d)]
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. [R156-37-603(7)]
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. [R156-37-602(2)]

*(Continued on the next page.)*

9. \_\_\_\_\_ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
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. [R156-37-605]
11. \_\_\_\_\_ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1)(m) and 58-17b-102(28)]
12. \_\_\_\_\_ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. \_\_\_\_\_ 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. [R156-37-604(2)]

# PODIATRIC PHYSICIAN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

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?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
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?
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 professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
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?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
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?
10. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

*(Continued on the next page.)*

11. \_\_\_\_\_ 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?
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?
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?
14. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
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?
17. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
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?
19. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. \_\_\_\_\_ 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?
21. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
22. \_\_\_\_\_ 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?

(Continued on the next page.)

23. \_\_\_\_\_ 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 you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. \_\_\_\_\_ Do you currently have any criminal action pending?
25. \_\_\_\_\_ 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.
26. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. \_\_\_\_\_ 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.e. plea in abeyance or deferred sentence)?
28. \_\_\_\_\_ 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?



**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.**

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# 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 Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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## EVALUATION OF POSTGRADUATE TRAINING

**TO BE COMPLETED BY APPLICANT:** Request that the Residency Director complete this form and mail it directly to DOPL. Evaluations will not be accepted from administrative personnel. Letters of recommendation will not be accepted in lieu of this form.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Name of Evaluating Hospital/Institution: \_\_\_\_\_

Department: \_\_\_\_\_ From (Mo/Yr) \_\_\_\_/\_\_\_\_ To (Mo/Yr) \_\_\_\_/\_\_\_\_

Type of Postgraduate Training:  Internship  Residency  Fellowship

I hereby authorize release to the Utah Division of Occupational and Professional Licensing any files, records or information of any type reasonably required for DOPL to properly evaluate my qualifications for licensure as a podiatric physician.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY EVALUATING PHYSICIAN:

Name of Evaluating Physician (*Please Print*): \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This evaluation is based on:  Personal Knowledge  Review of Credential File

How long have you known the applicant? years \_\_\_\_\_ months \_\_\_\_\_

Is this training program accredited by the Council on Podiatric Education?  Yes  No

**Please answer "yes" or "no" for each question. Please do not leave any question blank.**

1. \_\_\_\_\_ Are the dates provided by the applicant on the top portion of the form accurate?  
If no, please indicate the period of program: from (Mo/Yr) \_\_\_\_/\_\_\_\_  
to (Mo/Yr) \_\_\_\_/\_\_\_\_
2. \_\_\_\_\_ Is the applicant related to you?
3. \_\_\_\_\_ Do you know the applicant well?

(Continued on the next page.)

4. \_\_\_\_\_ Has your acquaintance with the applicant continued until recent dates?
5. \_\_\_\_\_ Do you consider the applicant reliable?
6. \_\_\_\_\_ Do you consider the applicant ethical?
7. \_\_\_\_\_ Do you consider the applicant to be of good character?
8. \_\_\_\_\_ Has the applicant, to your knowledge, ever been guilty of fraud or dishonesty?
9. \_\_\_\_\_ Has the applicant, to your knowledge, ever been guilty of unprofessional conduct?
10. \_\_\_\_\_ If the English language is not the native language of this applicant, do you feel that he/she has the ability to adequately communicate in the English language?
11. \_\_\_\_\_ To your knowledge, has the applicant ever been warned, censored, disciplined, had admissions monitored or privileges limited?
12. \_\_\_\_\_ To your knowledge, has the applicant ever been asked to leave a training or post-graduate program?
13. \_\_\_\_\_ Did the applicant successfully complete this training program?
14. \_\_\_\_\_ Do you have any reservations about recommending the applicant for licensure? If yes, please explain on the attached sheet.
15. \_\_\_\_\_ Is there anything else you think we should be aware of in evaluating this applicant for licensure? If yes, please explain on the attached sheet.

16. Please rate the applicant's:

- |                       |                                    |                               |                                  |                                   |                               |
|-----------------------|------------------------------------|-------------------------------|----------------------------------|-----------------------------------|-------------------------------|
| Professional Ability: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Attention to Duties:  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Breadth of Education: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Interpersonal Skills: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |

All reports received by the Division of Occupational and Professional Licensing on a licensure applicant are confidential and are not subject to disclosure. However, the board must disclose such reports if they are relied upon in a contested denial of licensure.

Evaluating Physician's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## REQUEST FOR VERIFICATION OF LICENSE

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

### 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 a physician. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_/\_\_\_/\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the 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*): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

*(Continued on the next page.)*

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)