

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

APPLICATION FOR LICENSURE

**INACTIVE LICENSE FOR
APRN, APRN-CRNA, AND CNM**

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.**

SUPPORTING DOCUMENTS AND FEES:

1. Submit the license and wallet copies of the license you wish to make inactive by stapling them to this application.
2. Submit a **\$50.00** non-refundable application-processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Inactive Eligibility:** Inactive status is only available for APRN, APRN-CRNA, and CNM licenses. A license to practice as an RN or LPN cannot be made inactive. An RN or LPN license can be renewed upon completion of 30 hours of approved continuing education and submittal of a renewal application and fee.
2. **May Not Practice:** In accordance with 58-1-305(2), “.....an inactive licensee has no right or privilege to engage in the practice of the licensed occupation or profession.”
3. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your license. The following applicable laws and rules are available at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Nurse Practice Act
 - Nurse Practice Act Rules
 - Nurse Midwife Practice Act
 - Nurse Midwife Practice Act Rules
4. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed.

Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

5. **Renewal of Inactive License:** Inactive licenses must be renewed according to the normal renewal schedule and fee. Renewal information will be sent to your last known address.
6. **Fee Refund:** DOPL will not refund any license or renewal fees previously paid.
7. **To Activate an Inactive License:** To activate a license which has been inactive for five years or less, you must apply for activation, document that you meet the current renewal requirements, and pay the \$50.00 activation fee.

To reactive an APRN, APRN-CRNA, or CNM license that has been inactive for more than five years, you must document one of the following:

- active licensure in another state or jurisdiction
 - passing the required licensure examination within six months prior to making application for reactivation (NOTE: An applicant seeking reactivation of a CNM license may complete an approved refresher program in lieu of the examination.)
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.
 9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e., marriage license, divorce decree, etc.).
 10. **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.
 11. **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

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

APPLICATION FOR INACTIVE LICENSURE

GENERAL INFORMATION

License You Want to Inactivate: _____

License Number: _____ * *Attach the wall and wallet licenses to this application.*

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: _____

AFFIDAVIT and RELEASE AUTHORIZATION

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

I am qualified in all respects for the license/certificate/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: _____