

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**VOCATIONAL REHABILITATION COUNSELOR**

**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 an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

1. Submit an official college transcript as verification of a master's degree in rehabilitation counseling or related field. A related field includes any of the following: psychology, clinical psychology, counseling psychology, professional guidance and counseling, social work, educational counseling, educational psychology with rehabilitation counseling emphasis, special education with rehabilitation counseling emphasis, or any other field deemed substantially related to the practice of rehabilitation counseling by the Board and Division.  
  
Have the school mail your transcript to DOPL or you may include the transcript along with your application for licensure. To be "official" the transcript must bear the school seal and be enclosed in a sealed envelope from the school. The school's seal/stamp must also be on the flap of the sealed envelope.
2. Submit verification of having completed 4,000 hours of disability related work experience under the supervision of an individual who is currently licensed as a vocational rehabilitation counselor.
3. Submit verification of passing the Certified Rehabilitation Counselor Exam.
4. Submit completed application form.
5. Submit a \$70.00 non-refundable application-processing fee, made payable to "DOPL."

## **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. 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 Rule of the Division of Occupational & Professional Licensing
  - Vocational Rehabilitation Counselors Licensing Act
  - Vocational Rehabilitation Counselors Act Rule
2. **Other Examinations:** To obtain information regarding the Certified Rehabilitation Counselor (CRC) Examination you may contact the CRCC at [www.crc certification.com](http://www.crc certification.com) or by phone at (847) 944-1325.
3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
4. **Code of Ethics:** Vocational rehabilitation counselors are required to abide by the Code of Ethics of the Commission on Rehabilitation Counselor Certification.
5. **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.
6. **Endorsement:** The Division may issue a license to an individual who is licensed in another state or jurisdiction to practice vocational rehabilitation counseling if the Division finds that the other state or jurisdiction has substantially the same or higher licensure requirements as this state. If seeking license by endorsement, follow instructions provided in the “Request Verification of License” form attached to this application.
7. **Continuing Education:** Vocational Rehabilitation Counselors must complete a minimum of twenty (20) hours of continuing education (CE) during the annual license renewal period commencing April 1 of each year beginning in 2011. A minimum of two (2) hours must be completed in ethics/law. This requirement is pro rated for new licensees. For additional continuing education information, refer to the Vocational Rehabilitation Counselor Licensing Act Rule, R156-78-304 Continuing Education, available at [www.dopl.utah.gov](http://www.dopl.utah.gov).
8. **License Renewal – Licensed Vocational Rehabilitation Counselor:** All vocational rehabilitation counselor licenses expire on April 1 each year beginning in 2011.

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. 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 a full year.

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 by DOPL to each licensee’s last address of record, as provided to DOPL.

9. **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).
10. **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*).
11. **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).

12. **Submit Completed Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

13. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
14. **Email:** [doplbureau3@utah.gov](mailto:doplbureau3@utah.gov)

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## APPLICATION FOR LICENSURE

- VOCATIONAL REHABILITATION COUNSELOR**  
 **VOCATIONAL REHABILITATION COUNSELOR BY ENDORSEMENT** *(If currently licensed in another state)*

<b>***Please list your <u>full legal name</u> 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 <input type="checkbox"/> 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. <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:	

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. 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.
3. 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.
4. 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 I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

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

**EXAMINATION REQUIREMENT**

Answer “Yes” or “No.”

\_\_\_\_\_ Passing of the Commission on Rehabilitation Counselor Certification (CRCC) Exam  
*If you answered “Yes”, please submit a copy of the CRCC certificate showing your CRCC certification number. If you answered “No”, do not submit the application at this time. You must pass the CRCC exam before submitting an application and obtaining a license.*

**EDUCATION REQUIREMENT** (Attach additional sheets if necessary.)

School Name: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Degree Received: \_\_\_\_\_

School Name: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Degree Received: \_\_\_\_\_

# VOCATIONAL REHABILITATION COUNSELOR 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. \_\_\_\_\_ 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?
11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?

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13. \_\_\_\_\_ 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?
14. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. \_\_\_\_\_ 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?
16. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. \_\_\_\_\_ 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?
19. \_\_\_\_\_ 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?
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. \_\_\_\_\_ Do you currently have any criminal action pending?
22. \_\_\_\_\_ 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.
23. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. \_\_\_\_\_ 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*)?
25. \_\_\_\_\_ 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?

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**If you answered “yes” to questions 21, 22, 23, 24, or 25 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.**

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**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, the Division may request additional documentation if the information submitted is insufficient.**

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## VERIFICATION OF EXPERIENCE AS A VOCATIONAL REHABILITATION COUNSELOR

**TO BE COMPLETED BY VOCATIONAL REHABILITATION COUNSELOR  
SUPERVISOR**

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

Name of Supervisor: \_\_\_\_\_

Supervisor's License Type and License #: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

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

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

Describe the applicant's employment setting: *(private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other)*

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Dates applicant was employed as a vocational rehabilitation counselor with this agency:  
from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

In the past two years has the applicant been engaged in practice of vocational rehabilitation counseling and/or services for at least 4,000 hours?  Yes  No

What was the applicant's schedule?  Full-time  Part-time

Is the applicant still employed with agency?  Yes  No

If no, is the applicant re-hirable?  Yes  No

This document is proof that the applicant has been actively engaged in the lawful practice of vocational rehabilitation counseling and/or services for not less than 4,000 hours.

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

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

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

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## REQUEST FOR VERIFICATION OF LICENSE

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

### PART 1 – TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

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

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

*(Continued on the next page.)*

**PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY:**

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

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? \_\_\_\_\_

Waiver: \_\_\_\_\_

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

(SEAL)