

Controlled Substance Database Designee

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Home Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

*Note: This must be the email used to create your CSD Account.

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) is true and correct, 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.
2. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, 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 to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
3. 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 access for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
4. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
5. I understand that I am responsible to update the Division of any changes relating to designee status, including termination of the agreement between myself and my practitioner.

Signature of Applicant: _____ Date: _____

AFFIDAVIT OF PRACTICE

NOTE: You must complete a separate form for each practitioner

Applicant's Name: _____

Practitioner Information:

Name: _____ **DEA Number:** _____

DOPL License Number: _____ **Email:** _____

Establishment: _____

Establishment Phone: _____ **Establishment Fax:** _____

Address: _____

Street Address (including Unit/Ste #) and/or PO Box

City

State

Zip Code

To be completed by the Designee Applicant:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of passwords and pins is strictly prohibited.

I understand that I must select the correct Practitioner for each search, and that failure to do so is a violation.

I understand that the Division will complete a search of available criminal court* and Controlled Substance Database Records. *See "Additional Information on Background Checks" located on the Checklist.

I understand that misuse of the Controlled Substance Database may result in criminal and civil action (U.C.A. 58-37f-601).

Signature of Applicant: _____ **Date:** _____

To be completed by the Practitioner:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of passwords and pins is strictly prohibited.

I understand that by submitting this application, I am authorizing the individual identified as "Applicant" above to have access to the Controlled Substance Database on my behalf. I understand that I am responsible for their usage of the database, and ensuring they comply with the statues and rules associated with usage of the Database.

I further understand that it is my responsibility to notify the Division when this individual is no longer authorized to access the Database on my behalf.

Signature of Practitioner: _____ **Date:** _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- Legible copy of your Driver License or State Issued Id Card.
- "Affidavit of Practice" for EACH practitioner for which you are requesting access.
- Create a Utah ID, and request a pin for the CSD by completing the following steps:
 - o Using any browser, go to www.csd.utah.gov
 - o If you have a Utah ID under the email listed on the front of this application, you may use it.

OR

If you do not have a Utah ID, select "Create Account" and follow the steps below.

- Choose your Utah-ID (this will be your login in the future). Enter the email you will be using for your CSD account, first and last name, and password. **DO NOT** enter an alternate email address. You may enter a mobile phone for password recovery if you wish.
- Select the Recovery Questions for your account.
- Activate your Account. **DO NOT** select "Bypass Activation"
- Complete the WORK Address and HOME Address sections of the "Additional Information" page. Note: BOTH addresses are required for access to the database, even though "Home Address" is located under "Optional" for the Utah ID.
- o Once you have logged in or created your account, select "Practitioner Staff" from the menu.
- o Complete the required fields and select "Create".

Additional Information on Background Checks:

Some criminal behavior may disqualify you from access to the CSD. The Division does not publish a list of disqualifying behavior, but rather reviews each case individually.

If you are aware of a charge that may affect your access, you may submit court dockets, police records, and/or personal explanations of any charges on your record with this application. While this is not required, it may help expedite the process. If additional information is required, the Division will contact you.

Submit the above items with your completed application to:

Via Fax: 801-530-6315

Via Email: csd@utah.gov

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741