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### ADDITIONAL REQUIRED DOCUMENTATION

- A. If you answered “yes” to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation – including a personal narrative and any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement – for each and every arrest, charge, and/or conviction.
- B. If you cannot sign the Affidavit on the first page of this renewal, you must submit a complete written explanation of why you cannot sign. If applicable, this explanation must include the reasons you have not or will not complete the continuing education requirements before the expiration or reinstatement of your license. DOPL personnel will reach a renewal decision on a case-by-case basis after a thorough review of your explanation. Additionally, you may be requested to provide additional information if the documentation submitted is insufficient.

### CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL

- Answer all of the certification questions on pages 1 & 2, and provide additional documentation, if applicable (#A & B above).
- Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign (#B above).
- Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
- Sign your check or money order. **DO NOT SEND CASH.** (Make checks or money orders payable to “DOPL.”)
- Enclose documentation of your legal name change, if applicable.
- Mail all fees, forms, and documentation to DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

**LEGAL NAME CHANGE:** If your legal name has changed, you must verify the change by submitting a copy of an updated social security card, passport, driver license, marriage certificate, divorce decree, and/or court order. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

**ADDRESS OR EMAIL CHANGE:** You must keep your address current with DOPL, including your email address. You cannot rely on postal service forwarding. Submit changes online at [www.dopl.utah.gov](http://www.dopl.utah.gov). (If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of any change: (801) 530-4849.)

**TIMELY RENEWAL:** You are responsible to comply with all renewal / reinstatement requirements in statute and rule, and your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to save time by renewing online at [www.dopl.utah.gov](http://www.dopl.utah.gov) where you can immediately print out a confirmation of renewal.

**APPLICATION APPROVAL:** Your application will be approved unless you do not meet the renewal / reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by DOPL. Those selected for audit will be notified. DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

**NON-REFUNDABLE FEES:** Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Simply paying the fees does not mean that your license will be automatically renewed.

**REINSTATEMENT FEES:** If you fail to timely renew your license, you will be subject to the following conditions:

- If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$20.00 for **EACH** license being reinstated.
- If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$50.00 for **EACH** license being reinstated. (Reinstating Lien Recovery Fund members must also submit another \$50.00 in addition to any special LRF assessments.)
- Fees are subject to change each July 1. If listed, the fees on the application are current at the time printed. Please verify the current fee at [www.dopl.utah.gov](http://www.dopl.utah.gov) if applying for reinstatement more than one year following expiration of your license.

**NOTICE: If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308g (3). Contact DOPL for assistance if reinstating after two years of expiration.**

**ON-LINE RENEWAL INFORMATION:** If you do not already have a **Utah ID**, you will need to create an account. Gather your license number, social security number, debit or credit card, and your Registration Code. Go to [utahdoc.mylicenseone.com](http://utahdoc.mylicenseone.com) and follow the directions under Existing License Holders to link your license to your account. Then, follow the online instructions for license renewal. A renewed license, certificate, or registration will be emailed to you the next business day after your online renewal is completed.

**TAX ID NUMBER:** The Tax ID Number for the Division of Professional Licensing is 87-6000545.



Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Please complete this information and submit it with your renewal application.

**DESIGNATION OF CONTACT PERSON FOR ACCESS TO MEDICAL RECORDS**

In accordance with Utah Code [58-68-302\(1\)\(i\)](#) and [58-68-302\(1\)\(i\)](#) and the Federal HIPAA Regulations all physicians licensed in Utah must designate a contact person and an alternate contact person for access to their patients' medical records and provide such information to the DOPL. Each applicant is also required to establish a method of notifying patients of the identity and location of the contact persons (*i.e. a phone number or address where patients can obtain their medical records*).

If a hospital clinic or other medical facility is the owner of your patients' medical records the facility's records department could be listed as the primary contact. You may list yourself as the primary contact, but you must also provide an alternate contact.

Please note that this statute became law in 2005 due to complaints from patients who could not gain access to their medical records. DOPL's responsibility is to collect each physician's contact information and to provide it to patients upon request. If you have not provided accurate information to DOPL you may be investigated for unprofessional conduct.

Primary Contact: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please identify the method of notifying patients of location of records: (check all that apply):

Phone  Mail  In Person  Other: \_\_\_\_\_

**ELECTIVE ABORTIONS**

Yes  No Do you perform elective abortions in Utah in a location other than a hospital?

*(For purposes of the immediately preceding question, elective abortion means an abortion other than one of the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of substantial and irreversible impairment of a major bodily function of a woman, an abortion of a fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where the woman is pregnant as a result of rape or incest. [58-68-304\(4\)](#))*

Business Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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