

Application for Interstate Medical Compact Privileges

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

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

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

City State ZIP Code

Phone: _____ Email: _____

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 lawful presence in the United States.

AFFIDAVIT AND RELEASE

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 all supporting document(s) are 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.
3. 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.
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.
5. 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.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

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1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
-
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
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4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?
-

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

This section must be completed if you answered yes to any of the qualifying questions.

These records **MUST** be attached in order for your application to be considered complete. If you are unable to obtain any of the records required, you must submit documentation on official letterhead from the police department and/or court indicating that the information is not available.

Please initial next to each record you have attached or requested be sent directly to the Division:

_____ Police Report _____ Court Record _____ Probation Report _____ Personal Narrative

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

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.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
 - Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
 - Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
3. Is any action pending against you now by:
 - Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
4. Yes No Have you been named as a defendant in a malpractice suit?
5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

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.

CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ **Date:** _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

LICENSEE DECLARATION OF PRIMARY STATE OF RESIDENCE

"Principal State of Licensure" is defined as:

- (1) The state of primary residence for the physician, or;
- (2) The state where at least 25% of the practice of medicine occurs, or;
- (3) The location of the physician's employer, or;
- (4) If no state qualifies under the above, the state designated as the state of residence for the purpose of federal income tax.

You must complete at least one of the following declarations of primary residence:

1. STATE OF PRIMARY RESIDENCE

Utah is my state of primary residence.

Physical Address: _____

Street Address (including Apt/Unit)

City

State

ZIP Code

NOTE: P.O. Boxes are not accepted

Utah Driver License: _____

License Number

Expiration Date

- You must include a copy of your Utah driver license or verification document of primary residence. (i.e. copy of current utility bill). **Document must include your name and match the address listed above. Documents must provide sufficient evidence of residency in Utah.*

2. 25% OF MEDICAL PRACTICE

Utah is the state where at least 25% of my practice of medicine occurs.

- If 25% of your medical practice is your only declaration of primary state, in addition to completing this section, you must submit the Employee Verification Form (*to be completed by the Hospital/Facility/Employer where you are practicing*). The form may be found on our website at www.dopl.utah.gov.

Please complete the employment table below for a minimum of 12 months

MONTH/YEAR	NAME OF LOCATION	NUMBER OF DAYS WORKED PER MONTH	TOTAL NUMBER OF DAYS WORKED IN UTAH
TOTAL:			

Continued on next page.

3. LOCATION OF EMPLOYER

Utah is the location of my employer:

Name of Employer: _____

Physical Address: _____

Street Address (including Unit/Ste #)

City

State

ZIP Code

NOTE: PO Boxes are not accepted

- You must include a verification document of employment (i.e. letter from your Utah employer or copy of current Utah pay-stub).

4. STATE OF FEDERAL INCOME TAX

Utah is the state for purposes of federal income tax:

I, _____ (print name), declare that no state qualifies under methods (1), (2), and (3) as described on this form and as a state of principal licensure Utah is my state of primary residence for the purposes of Federal Income Tax.

- You must include a copy of page 1 of your previous year's Federal tax return. *The State of filing must be listed (typically under the residential address). State taxes do not qualify for SPL designation.*

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.

As the applicant, you are responsible for submitting a complete application. We will not process your application until we receive all required items as explained on the checklist below. If your application packet is not complete within one month of filing, we will consider it abandoned and deny your application. Please do not submit your application until all items are available.

ALL INTERSTATE MEDICAL COMPACT APPLICANTS

All applicants are required to submit the following items to complete the application:

- \$30.00 non-refundable fingerprint processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either the "Qualifying Questionnaire" or "Medical Qualifying Questionnaire".
- Submit a current National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website:* <http://www.npdb.hrsa.gov>.
- Submit the Licensee Declaration of Primary State of Residence form found in this application, along with the supporting documentation required for your selection(s).
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

Submit the above items with your completed application to:

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