STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

ADVANCED PRACTICE REGISTERED NURSE (APRN) or APRN-CRNA WITHOUT PRESCRIPTIVE PRACTICE

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:

<u>If you are applying for licensure as an APRN</u>, complete the following in addition to submitting a completed application:

1. Submit completed application with fingerprints. See "Additional Important Information" for instructions on how to obtain fingerprints.

2. Submit official transcripts documenting at least a master's degree in nursing which must also document the completion of coursework in advanced health assessment, diagnosis and treatment, <u>and</u> pharmacotherapeutics. If transcripts are not sent directly from the school to DOPL, they must be in an envelope sealed by the school.

3. Submit official documentation of passing an approved certification examination as listed in subsection R156-31b-302c (1)(b) of the Utah Nurse Practice Act Rules – unless you are applying for an intern license.

4. If you are applying by endorsement (*currently licensed in another state*), use the "Request for Verification of License" form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a nurse. Request that the verifying state complete the form and mail or fax it directly to DOPL. Verification of both

your RN and APRN licenses is required.

5. Submit a **$140.00** non-refundable application processing fee, made payable to "DOPL." This fee includes a $100.00 application fee for an APRN license, a $20.00 surcharge for a BCI fingerprint file search, and a $20.00 surcharge for a FBI fingerprint file search.

6. If you are also applying for an **APRN Intern license**, complete and submit the following in addition to the requirements listed above:

   - an "APRN Intern License Request" form (*attached to this application*)
   - If you are applying as an APRN Intern specializing in psychiatric mental health nursing, also submit a completed "Psychiatric Mental Health Nurse: Post-Master's Clinical Plan" (*attached to this application*).

     NOTE: Once you have completed your supervised hours, you must submit a completed "Verification of Supervised Experience" form (*attached to this application*) to DOPL.
   - A **$35.00** non-refundable application-processing fee, made payable to "DOPL." The total fees for an APRN license and an APRN Intern license are $175.00.)

7. If you are also applying for a **Utah Controlled Substance license**, complete and submit the following in addition to the requirements listed above:

   - a completed take-home "Utah Controlled Substances Law and Rules Examination" (*pages 13 and 14 of this application*)
   - a **$100.00** non-refundable application processing fee for a Controlled Substance license. The total fees for an APRN license and a Utah Controlled Substance license are $240.00. The total fees for an APRN license and an APRN Intern license and a Utah controlled substance license are $275.00.

     NOTE: You cannot prescribe controlled substances as an intern. Therefore, if you are applying for an APRN Intern license and a Controlled Substance license, your controlled substance license will not be issued until full APRN licensure is granted.

If you are applying for licensure as an APRN-CRNA without Prescriptive Practice, complete the following in addition to submitting a completed application:

1. Submit completed application with fingerprints. See "Additional Important Information" for instructions on how to obtain fingerprints.

2. Submit official transcripts or a certificate of completion from an accredited nurse anesthetist program. If transcripts are not sent directly from the school to DOPL, they must be in an envelope sealed by the school.

3. Submit official documentation of passing the examination of the Council of Nurse Anesthetists.

4. If you are applying by endorsement (*currently licensed in another state*), using the "Request for Verification of License" form (*attached to this application*), obtain verification of licensure from a state in which you are currently licensed as a nurse. Request that the verifying state complete the form and mail or fax it directly to DOPL. Verification of both

your RN and CRNA licenses is required.

5. Submit the a completed take-home "Utah Controlled Substances Law and Rules Examination" (*pages 13 and 14 of this application*).

6. Submit a **$240.00** non-refundable application-processing fee, made payable to "DOPL." This fee includes a $100.00 application fee for an APRN - CRNA license, a $100.00 application fee for a controlled substance license, a $20.00 surcharge for a BCI fingerprint file search, and a $20.00 surcharge for a FBI fingerprint file search.

ADDITIONAL IMPORTANT INFORMATION:

1. **Licensure Prerequisite:** Before applying for licensure as an APRN or APRN-CRNA you must have a current Utah Registered Nurse license in good standing or be qualified for a Utah Registered Nurse license.

2. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Exam. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your nursing license. Do not submit it separately.

3. **Utah Controlled Substance License / DEA Registration:** You must hold a Utah Controlled Substance license and a DEA registration to administer, possess, or prescribe a controlled substance in your practice of nursing in Utah. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.

   NOTE 1: An APRN may apply for a Utah controlled Substance License if they are going to prescribe controlled substances within their practice. However, all APRN-CRNA licensees are required to also hold a Utah Controlled Substance license in order to administer and order controlled substances.

   NOTE 2: An APRN-CRNA may administer medications and write orders for the administration of medications by others within a health-care system. The term "without prescriptive practice" means an APRN-CRNA cannot write a medication order on a prescription pad and give it to a patient to be filled at a pharmacy.

4. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a nurse. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov

   - Division of Occupational & Professional Licensing Act
   - General Rules of the Division of Occupational & Professional Licensing
   - Health Care Providers Immunity from Liability Act
   - Nurse Practice Act
   - Nurse Practice Act Rules
   - Utah Controlled Substance Act
   - Utah Controlled Substance Act Rules

5. **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.

6. **Reinstatement of Utah License:** If you are reinstating your expired or inactive Utah nursing license, please contact DOPL.

7. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).

   Electronic fingerprinting is offered to DOPL applicants, with no additional charge, at the DOPL office between 8:00 am and 4:30 pm, Mon-Friday, except holidays. A current government issued picture ID is required (driver's license, state ID, passport, etc.). If you are unable to obtain fingerprints at DOPL's office, fingerprint services are available from most local law enforcement agencies. You are required to submit two (2) blue "Applicant" cards (Form FD-258) with your application; these cards will be provided by the agency that rolls your prints.

   REVIEW OF YOUR FBI RECORD: If you wish to 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, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

   WARNING: If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any license issued to you will be immediately and automatically revoked.

8. **Licensure by Endorsement:** If you are applying for licensure by endorsement, you must have a <u>current, active in good standing</u> license in another jurisdiction.

9. **Intern License Information:** An intern license will only be issued to an APRN applicant who has never taken a certification examination and is eligible for an intern license. <u>An applicant for licensure as an APRN-CRNA is not eligible for an intern license</u>.

   <u>You may not apply only for an intern license</u>. Your application for licensure as an APRN must be submitted prior to or along with the submission of an "APRN Intern License Request" form. The verified information contained in the APRN application will be the basis upon which a decision is made to issue the intern license.

   The normal processing time is approximately fifteen (15) working days from the date the request for an intern license and a complete application is received. <u>You may not work until the intern license is issued.</u> Do not make commitments to a potential employer to commence work prior to the time DOPL requires to process your intern license.

   An intern license is valid from the date of issuance until the earliest of the following dates:
   1. Official notice of failure to pass the examination
   2. Failure to take the first scheduled examination following issuance of the intern license

   Once you have received your certification examination results, you must forward a copy to DOPL to complete the APRN application process.

10. **Consultation and Referral Plan:** An APRN who chooses to prescribe Schedule II - III

Controlled Substances must have a completed "Consultation and Referral Plan" on file at the practice site. The "Consultation and Referral Plan" (*attached to this application*) does not need to be submitted to DOPL.

11. **License Renewal:** All APRN and APRN-CRNA licenses expire January 31 of every even-numbered year. Additionally, your controlled substance license will expire at the same time as your primary license, and you will also be required to renew it at the same time.

    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 every two years. 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 for a full two years.

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

12. **License Issuance:** A license will be printed and mailed to you within three weeks of your receiving a passing score. Do not call DOPL requesting your license number prior to receiving your printed license in the mail.

13. **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*).

14. **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.

15. **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.

16. **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

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

18. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

License(s) Applying For:
- ❑ **ADVANCED PRACTICE REGISTERED NURSE**
- ❑ **ADVANCED PRACTICE REGISTERED NURSE INTERN**
- ❑ **APRN-CRNA WITHOUT PRESCRIPTIVE PRACTICE**
- ❑ **UTAH CONTROLLED SUBSTANCE LICENSE**

*****Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.*****		
Last Name:	First Name:	Middle Name:
Social Security Number: - -	Maiden Name:	

I certify under penalty of perjury that:

☐ 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: __

☐ 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.

☐ 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: __

☐ 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.

☐ I am a foreign national not physically present in the United States.

Mailing Address:			
City:		State:	ZIP:
☐ Male ☐ 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. *(Use additional sheets if necessary.)*

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:

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

1. I certify that 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, organization, 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 you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___ /___ /_____

DECLARATION OF PRIMARY STATE OF RESIDENCE:

Primary State of Residence is the state of your declared fixed permanent and principal home for legal purposes; domicile.

Upon issuance of a nursing license in Utah, my primary state of residence will be

_____.

Note: You must provide DOPL with a Utah address within 30 days of arriving in the state.

PROFESSIONAL EDUCATION REQUIREMENT: (*Please list most current first; use additional sheets if necessary.*)

Name of School: _____ Dates Attended: _____ to _____

Location: _____ Specialty: _____

Degree Received: _____ Date of Graduation: _____

Name of School: _____ Dates Attended: _____ to _____

Location: _____ Specialty: _____

Degree Received: _____ Date of Graduation: _____

COURSE WORK DOCUMENTATION – APRN Applicants Only:

Advanced Health Assessment:

Name of School: _____ Course Number: _____

Date of Course Completion (*Semester and Year*): _____

Diagnosis and Treatment:

Name of School: _____ Course Number: _____

Date of Course Completion (*Semester and Year*): _____

Pharmacotherapeutics:

Name of School: _____ Course Number: _____

Date of Course Completion (*Semester and Year*): _____

NATIONAL CERTIFICATION EXAMINATION REQUIREMENT:

Certifying Body: _____

Date Examination Taken: _____

Specialty: _____

Number: _____ Expiration: ___/___/____

Intern Applicants: Document the examination you intend to take and the date scheduled.

NOTE: After successful completion of the examination, you must submit the results directly to DOPL so your license can be issued.

Certifying Body: _____

Specialty: _____ Date Examination is Scheduled: ___/___/____

LICENSES:

CHECK AND COMPLETE ONE

❑ I do not hold registrations, or certifications issued by any jurisdiction..

❑ List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any health care profession. (*Use additional sheets if necessary.*)

Original RN License Number: _____ State: _____

Original APRN / CRNA License Number: _____ State: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: ___/___/____

License Status: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: ___/___/____

License Status: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: ___/___/____

License Status: _____

UTAH CONTROLLED SUBSTANCES
LAW AND RULES EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed in order to become familiar with Utah's controlled substance prescribing practices.

Utah Controlled Substances Act, 58-37 http://dopl.utah.gov/laws/58-37.pdf
Utah Controlled Substances Act Rule, R156-37 http://dopl.utah.gov/laws/R156-37.pdf

Answer "**True**" or "**False**" for each statement. Submit this completed examination with your application for licensure.

☐ True ☐ False	1. A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply.
☐ True ☐ False	2. A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription.
☐ True ☐ False	3. All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription.
☐ True ☐ False	4. Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours.
☐ True ☐ False	5. All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years.
☐ True ☐ False	6. The name, address, and DEA registration number of the prescribing practitioner, and the name, address and age of the patient are required to be included on the prescription for a controlled substance.
☐ True ☐ False	7. A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed.
☐ True ☐ False	8. After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL.
☐ True ☐ False	9. The maximum number of controlled substances that can be written on a single prescription form is one.
☐ True ☐ False	10. An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order.
☐ True ☐ False	11. Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action.
☐ True ☐ False	12. A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment.
☐ True ☐ False	13. The Division will immediately suspend the Utah controlled substance license if the DEA registration is denied, revoked, surrendered, or suspended.

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APRN and APRN-CRNA 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 ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

(Continued on the next page.)

13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

15. _____ Have you been named as a defendant in a malpractice suit?

16. _____ 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?

17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?

18. _____ 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?

19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

20. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?

21. _____ 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?

22. _____ 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?

23. _____ 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?

24. _____ Do you currently have any criminal action pending?

25. _____ 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.

(Continued on the next page.)

26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

27. _____ 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)?*

28. _____ 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?

If you answered "yes" to questions 24, 25, 26, 27, or 28 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.

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

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

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

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: _____

(Continued on the next page.)

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 a sealed 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: ___/___/____

(SEAL)

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

APRN INTERN LICENSE REQUEST

TO BE COMPLETED BY APPLICANT:

Name: _____ Telephone: _____

Address: _____

Name of Certifying Exam: _____ Date: _____

Employing Facility: _____ Telephone: _____

Address: _____

Date Employment Begins: ___/___/____

I hereby certify that I will not practice until I have been granted an Intern license. Once the Intern license has been issued, I will only practice under direct supervision of a supervising practitioner.

Signature of Applicant: _____ Date: ___/___/____

TO BE COMPLETED BY SUPERVISING PRACTITIONER:

Name: _____

Address: _____ Telephone: _____

Position or Title: _____ License Number: _____

I hereby certify that I am a licensed practitioner in good standing and I will supervise the practice of the above named nurse. I understand that I must provide direct supervision, and be on the same site as the applicant. However, if I am supervising a psychiatric mental health nurse specialist, I must provide general and direct supervision to the applicant.

Signature of Supervisor: _____ Date: _____

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

PSYCHIATRIC MENTAL HEALTH NURSE: POST-MASTER'S CLINICAL PLAN

An applicant for an intern license to practice as an advanced practice registered nurse - specializing as a psychiatric mental health nurse specialist, must submit the following information with the "APRN Intern License Request" form.

Project the number of hours of psychotherapy you will accomplish in each area.

Individual Psychotherapy: First Year _____ Second Year _____

Group Psychotherapy: First Year _____ Second Year _____

Family Psychotherapy: First Year _____ Second Year _____

Other Modality (*specify*) _____: First Year _____ Second Year _____

NOTE: The rules of the Board of Nursing R156-31b-302(b) require an applicant for licensure as an advanced practice registered nurse - specializing as a psychiatric mental health nurse specialist to meet the following experience:

> 4,000 hours of supervised clinical practice in psychiatric and mental health nursing including 1,000 of Mental Health Therapy and one hour of face-to-face supervision for every 20 hours of Mental Health Therapy services provided. 1,000 hours of the required 4,000 hours may be credited by the completion of clinical experience in an approved education program in psychiatric mental health nursing.

The practice of mental health therapy is defined in 58-60-102(7) as treatment or prevention of mental illness, including:

(a) conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized in the professions of mental health therapy;
(b) establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
(c) prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
(d) engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the profession of mental health therapy.

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

VERIFICATION OF SUPERVISED EXPERIENCE

(FOR PSYCHIATRIC MENTAL HEALTH NURSES)

TO BE COMPLETED BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:

NOTE: *Only hours completed may be verified in this form. Do not include any projected hours.*

Applicant Name: _____

Supervisor's Name: _____

Supervisor's License Issued: State _____ Profession _____ Year _____

Facility Name: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Inclusive Dates of Supervised Training: From _____/_____To _____/_____

_____ Total Hours of Supervised Experience in Mental Health Therapy (*minimum 1,000 hours*)

_____ Total Hours of Face-to-Face Individual Supervision for Mental Health Therapy (*minimum 50 hours*)

_____ Total Hours of Supervised Experience (*minimum 3,000 hours*)

Hours of Face-to-Face Individual Supervision Per Week: _____

Hours Worked Per Week: _____

The hours worked and supervised are reported on the basis of:

❑ Supervisor's appointment calendars or records

❑ Supervisor's best recollection

Nature of Applicant's Duties: _____

_____

_____

_____

I do certify that the applicant for licensure as a Psychiatric Mental Health Nurse:

(*Answer "**yes**" or "**no**."*)

_____ has satisfactorily completed the reported supervised experience.

If the applicant has not satisfactorily completed the supervised experience, please explain the nature of the problem and recommendations for remediation. Use additional sheets if necessary.

_____

_____

_____

I certify that I am a licensed professional in good standing and I am a qualified supervisor in accordance with statute and rules. I further certify that I am professionally responsible for the acts and practices of the applicant that are a part of the required supervised training.

Signature of Supervisor: _____

Date of Signature: ___/___/____

Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

CONSULTATION AND REFERRAL PLAN

<u>Do not</u> return this form to DOPL. It must be kept on file at the practice site if prescribing Schedule II - III Controlled Substances.

Name of Nurse: _____

Specialty: _____

APRN License Number: _____

Controlled Substance License Number: _____

Federal DEA Number: _____

Address of Practice Site: _____

Practice Site Phone Number: _____

Age and Type of Clientele: _____

Name of Consulting Physician: _____

Specialty: _____

Office Address: _____

Office Phone Number: _____

Physician/Surgeon License Number: _____ State: _____

Controlled Substance License Number: _____ State: _____

Federal DEA Number: _____

(Continued on the next page.)

Describe the process of consultation including how it will be documented. Use additional sheets if necessary.

_____

_____

_____

_____

_____

How will referrals be made?

_____

_____

_____

_____

_____

Signature of Nurse: _____

Date: ___/___/____ Print Name: _____

Signature of Consulting Physician: _____

Date: ___/___/____ Print Name: _____