STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

NATUROPATHIC PHYSICIAN

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 transcript from a naturopathic medical school or college accredited by the Council of Naturopathic Medical Education, which includes your date of graduation and degree earned.

   NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit official score results verifying your having passed the Naturopathic Physicians Licensing Examinations (NPLEX). (*See "Additional Important Information" section below.*)

3. Submit <u>one</u> of the following to document meeting the postgraduate residency requirement:
   - ❑ An "Evaluation of Postgraduate Training" form from each of your residency programs to document having successfully completed at least 12 months of postgraduate training in a program associated with an accredited school or college of naturopathic medicine. Request that the Preceptor complete the form and mail it directly to DOPL. Evaluations will not be accepted from administrative personnel. Letters of recommendation will not be accepted in lieu of the evaluation form.

   - ❑ Documentation of at least 6,000 hours of active practice as a naturopathic physician during the five years immediately preceding the date of this application, if applying by endorsement.

4. If applicable, use the "Request for Verification of License" form (*attached to this application*) to obtain verification of licensure from a state in which you have been licensed as naturopath or naturopathic physician.

   Request that the verifying state complete the form and mail it directly to DOPL or return them to you for submission with your application.

5. If you are applying for a **temporary license**, additionally submit a "Request for Temporary License to Engage in a Supervised Residency Program" form (*attached to this application*), if you have met all requirements except completing the required residency program.

6. <u>If you are applying for the Utah Controlled Substance License limited to Testosterone only</u>, additionally submit the following:

   - a completed take-home "Utah Controlled Substances Law and Rule Examination" (*pages 11 and 12 of this application*)

   - a **$100.00** non-refundable application-processing fee for the controlled substance license limited to testosterone only.

7. Submit the appropriate non-refundable application-processing fee, payable to "DOPL."

   - **$200.00** for a naturopathic physician license
     NOTE: The total fee for a naturopathic physician license <u>and</u> the controlled substance license limited to testosterone only is $300.00.

   - **$250.00** for a naturopathic physician **<u>and</u>** a temporary license
     NOTE: A temporary controlled substance license, limited to testosterone only, is **not** available.

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a naturopathic physician. 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
   - Utah Naturopathic Physician Practice Act
   - Utah Naturopathic Physician Practice Act Rule
   - Utah Controlled Substances Act
   - Controlled Substance Act Rule
   - Health Care Providers Immunity from Liability Act
   - Utah Health Care Malpractice Act, Title 78B, Chapter 3, Part 4

2. **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.

3. **Requirements for Licensure:** All applicants for licensure as a Naturopathic Physician must meet the requirements as detailed in the Utah Naturopathic Physician Practice Act and Rule. Additional requirements may be found in the Division of Occupational and Professional Licensing Act and Rule. Requirements include **but are not limited** to the following:

   A. An earned degree of doctor of naturopathic medicine from:
      - a naturopathic medical school or college accredited by the Council of Naturopathic Medical Education
      - a naturopathic medical school or college that is a candidate for accreditation by the Council of Naturopathic Medical Education
      - a naturopathic medical school or college which, at the time of the applicant's graduation, met current criteria for accreditation by the Council of Naturopathic Medical Education

   B. After completing the above educational requirement, the successful completion of 12 months of clinical experience in naturopathic medicine in a residency program associated with an accredited school or college of naturopathic medicine under the preceptorship of a licensed naturopathic physician, physician and surgeon, or osteopathic physician.

   C. Pass the licensure examination series as outlined under "Examinations".

   D. The ability to read, write, speak, understand, and be understood in the English language.

   E. Meet with the Naturopathic Physicians Licensing Board, if requested.

4. **Requirements for licensure by Endorsement:**
   - ❑ Be currently licensed in good standing in another jurisdiction.
   - ❑ Have met **all** the above requirements for licensure **except** the clinical experience requirement.
   - ❑ Have been actively engaged in practice as a naturopathic physician for not less than 6,000 hours during the five years immediately preceding the date of application in Utah.

5. **Examinations:** Applicants must pass the required national examinations.
   - ❑ NPLEX Basic Science Series; **OR** State of Washington Basic Science Series **OR** the State of Oregon Basic Science Series
   - ❑ NPLEX Clinical Series
   - ❑ NPLEX Homeopathy
   - ❑ NPLEX Minor Surgery

6. **Temporary License:** A temporary license to engage in a supervised residency program may be issued for no more than 18 months to an applicant who has met all the requirements for licensure except completion of the 12-month residency program. The temporary license **cannot** be renewed or extended. Upon completion of the supervised residency program, it is the responsibility of the applicant to submit to DOPL an "Evaluation of Postgraduate Training" form from an approved preceptor documenting successful completion of the

residency program. Upon receipt of the documentation, DOPL will issue an active license to practice as a Naturopathic Physician in the State of Utah. The $250.00 application fee for a temporary license includes the fee for the Naturopathic Physician license application. No additional fees are required.

7. **Approved Formulary:** Naturopathic Physicians licensed in the State of Utah after July 1, 1996, are required to limit their prescriptive practice to homeopathic remedies and to the list of legend medications established by rule (R156-71-202) unless the limited Controlled Substance License has also been obtained. A naturopathic physician without the limited controlled substance license may only prescribe those medications which are included in the Formulary, which is available at www.dopl.utah.gov .

8. **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.

9. **Controlled Substances Law and Rule Examination:** Enclosed with this application is the take-home "Utah Controlled Substances Law and Rule Examination". Return the completed examination with your application for licensure if you are applying for a controlled substance license limited to testosterone only in addition to your physician license. Do not submit it separately.

10. **Controlled Substance License limited to Testosterone only/DEA Registration:** You must hold the limited Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe testosterone in your practice of naturopathic medicine 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.

11. **Graduates of Naturopathic Physician Programs or Schools located outside the United States:** Applicants are required to submit a report by the International Credentialing Associates, Inc. (ICA) confirming that the applicant's naturopathic physician program or school has met the accreditation standards as established by rule (R156-71-302a). Please contact them directly at (727) 549-8555 for more information.

12. **License Renewal:** All naturopathic physician licenses expire on May 31 of each even-numbered year. If you also possess the controlled substance license limited to testosterone only, it will expire at the same time as your naturopathic physician license and will also need to be renewed.

    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.

13. **Continuing Education:** In order to renew your license you must complete at least 48 hours of qualified continuing education in each preceding two year period, 20 hours of which must be specific to pharmacy or pharmacology as it pertains to the formulary. At least 10 or the 20 hours must be recognized as category 1 credit hours as established by the ACCME. No more than 20 hours may be distance learning.

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. **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*).

16. **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.

17. **Submit Completed Application to:**

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

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

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

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APPLICATION FOR LICENSURE

☐ **NATUROPATHIC PHYSICIAN LICENSE**

☐ **NATUROPATHIC PHYSICIAN TEMPORARY LICENSE**

☐ **CONTROLLED SUBSTANCE LICENSE limited to Testosterone only.** *(**NOTE**: Temporary license is **not** available)*

Please list your full legal name 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 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: ___ /___ /______

NATUROPATHIC MEDICAL SCHOOL: (*Use additional sheets if necessary*.)

Name: _____________________________________ Dates Attended: __________ to __________

Location: ____

Degree Received: ___________________________________ Date of Graduation: _____________

GRADUATE MEDICAL EDUCATION OR TRAINING:

Complete the information below and account for **all** periods of training or postgraduate work from the time you graduated from naturopathic medical school. (*Use additional sheets if necessary*.)

Answer "**yes**" or "**no**."

___________ I have successfully completed a 12-month residency program associated with a Naturopathic Medical school accredited by the Council of Naturopathic Medical Education.

___________ I am applying for a temporary license to engage in a 12-month residency program associated with a Naturopathic Medical School accredited by the Council of Naturopathic Medical Education.

___________ I have practiced as a licensed naturopathic physician for at least 6,000 hours in the last 5 years preceding the date of this license application.

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “**yes**” or “**no**.”

_______ NPLEX Basic Science Series, Date(s) Taken: ___/___/____

_______ Washington Basic Science Series, Date(s) Taken: ___/___/____

_______ Oregon Basic Science Series, Date(s) Taken: ___/___/____

_______ NPLEX Clinical Series, Date(s) Taken: ___/___/____

_______ NPLEX Homeopathy, Date(s) Taken: ___/___/____

_______ NPLEX Minor Surgery, Date(s) Taken: ___/___/____

POSTGRADUATE RESIDENCY: Account for all periods of supervised postgraduate residency program experience associated with a Naturopathic Medical School accredited by the Council of Naturopathic Medical Education. (*Use additional sheets if necessary*.)

1. **Name of Hospital or Treatment Facility:** ______________________________

   Address: ______________________________

   Department: ______________________________ Telephone: ____________

   Date Started: ___/___/____ Date Ended: ___/___/____ Total Hours Worked: _________

   Name of Supervisor: ____________________ License Number: ____________

   Duties and Responsibilities: ______________________________

   ____

2. **Name of Hospital or Treatment Facility:** ______________________________

   Address: ______________________________

   Department: ______________________________ Telephone: ____________

   Date Started: _______ Date Ended: _______ Total Hours Worked: ___________

   Name of Supervisor: ____________________ License Number: ____________

   Duties and Responsibilities: ______________________________

   ____

(Continued on the next page.)

LICENSED PRACTICE: Account for all licensed naturopathic physician experience. You must have at least 6,000 hours in the last 5 years preceding the date of this application, if you are applying by endorsement. (*Attach additional sheets if necessary*.)

1. **Name of Hospital or Treatment Facility**: ______________________________

   Address: ____

   Department: ______________________________ Telephone: ____________

   Date Started: ______ Date Ended: ______ Total Hours Worked: ____________

   Name of Person Who Can Verify Your Licensed Experience: ____________________

   Duties and Responsibilities: ______________________________________

   ____

2. **Name of Hospital or Treatment Facility**: ______________________________

   Address: ____

   Department: ______________________________ Telephone: ____________

   Date Started: ______ Date Ended: ______ Total Hours Worked: ____________

   Name of Person Who Can Verify Your Licensed Experience: ____________________

   Duties and Responsibilities: ______________________________________

   ____

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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NATUROPATHIC PHYSICIAN 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 agency 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 & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

EVALUATION OF POSTGRADUATE TRAINING

PART 1 – TO BE COMPLETED BY APPLICANT:

Request that the Preceptor complete this form and mail it directly to DOPL. **Evaluations will not be accepted from administrative personnel. Letters of recommendation will not be accepted in lieu of this form.**

Applicant Name: ____

Applicant Address: ____

City: ____________________ State: ______________ Zip: _______________

Name of Evaluating Hospital / Institution: ______________________________

Department: ____________________ from (*Mo/Yr*) _____ to (*Mo/Yr*) _______

Type of Postgraduate Training: ❑ Internship ❑ Residency ❑ Fellowship

I hereby authorize release to the Utah Division of Occupational and Professional Licensing any files, records or information of any type reasonably required for DOPL to properly evaluate my qualifications for licensure as a naturopathic physician.

Applicant Signature: ________________________________ Date: ___/___/____

PART 2 – TO BE COMPLETED BY EVALUATING PHYSICIAN:

Name of Evaluating Physician: (*Please Print*.)

Title: ________________________ Phone Number: __________________

This evaluation is based on: ❑ Personal Knowledge ❑ Review of Credential File

How long have you known the applicant? years: _______ months: ________

Is this training program associated with an accredited naturopathic medical school or college?
❑ Yes ❑ No Name of College: ______________________________

(Continued on the next page.)

Please answer "yes" or "no" for each question. Please do not leave any question blank.

1. __________ Are the dates provided by the applicant on the top portion of the form accurate?

   If no, please indicate the period of program: from __________/_____ to ______/_

2. __________ Is the applicant related to you?

3. __________ Do you know the applicant well?

4. __________ Has your acquaintance with applicant continued until recent dates?

5. __________ Do you consider the applicant reliable?

6. __________ Do you consider the applicant ethical?

7. __________ Do you consider the applicant to be of good character?

8. __________ Has the applicant, to your knowledge, ever been guilty of fraud or dishonesty?

9. __________ Has the applicant, to your knowledge, ever been guilty of unprofessional conduct?

10. _________ If the English language is not the native language of this applicant, do you feel that he/she has the ability to adequately communicate in the English language?

11. _________ To your knowledge, has the applicant ever been warned, censored, disciplined, had admissions monitored or privileges limited?

12. _________ To your knowledge, has the applicant ever been asked to leave a training or post-graduate program?

13. _________ Did the applicant successfully complete this training program?

14. _________ Do you have any reservations about recommending the applicant for licensure? If yes, please explain on attached sheet.

15. _________ Is there anything else you think we should be aware of in evaluating this applicant for licensure? If yes, please explain on attached sheet.

16. Please rate the applicant's:

Professional Ability:	❑ Excellent	❑ Good	❑ Average	❑ Adequate	❑ Poor
Attention to Duties:	❑ Excellent	❑ Good	❑ Average	❑ Adequate	❑ Poor
Breadth of Education:	❑ Excellent	❑ Good	❑ Average	❑ Adequate	❑ Poor
Interpersonal Skills:	❑ Excellent	❑ Good	❑ Average	❑ Adequate	❑ Poor

All reports received by DOPL on a licensure applicant are confidential and are not subject to disclosure. However, the board must disclose such reports if they are relied upon in a contested denial of licensure.

Evaluating Preceptor's Signature: ____ Date: ___/___/____

Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 841114-06741

REQUEST FOR TEMPORARY LICENSE TO ENGAGE IN A SUPERVISED RESIDENCY PROGRAM

PART 1- TO BE COMPLETED BY THE APPLICANT:

Request that your Residency Supervisor complete this form and return it to you for submission with this application.

Applicant Name: ______________________________

Applicant Address: ______________________________

City: ______________ State: ______________ Zip: ______________

Name of Where Supervision Will Occur: ______________________________

Street Address of Hospital or Facility: ______________________________

City: ______________ State: ______________ Zip: ______________

PART 2 – TO BE COMPLETED BY THE RESIDENCY SUPERVISOR:

Please complete this form and the affidavit and return it to the applicant for submission with his/her application for licensure.

Name of Licensed Supervisor (*please print*): ______________________________

License Classification: ❑ Naturopathic Physician ❑ Physician and Surgeon
❑ Osteopathic Physician and Surgeon

Utah License Number: ______________________________ Telephone: ______________

Supervisor's Address: ______________________________

City: ______________ State: ______________ Zip: ______________

(Continued on the next page.)

AFFIDAVIT:

I attest under penalty of perjury as follows:

I am the Residency Supervisor of __________________________________. (*Name of Applicant*)

I certify that this residency program is associated with a naturopathic medical school or college accredited by the Council of Naturopathic Medical Education.

I certify that I am responsible to provide direct supervision of the applicant, which means that I am responsible for the naturopathic activities and services performed by the applicant and I will be either in the facility or available by voice communication to direct and control the naturopathic activities and services performed by the applicant.

I certify that I have read and understand the Naturopathic Physician Licensing Act and Rules and that I will insure that the applicant complies with the Naturopathic Law and Rules, and that I will immediately report any violation to DOPL.

I will immediately notify DOPL of any change in status or termination of the residency program.

Signature of Supervisor: ____ Date: ____________

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.)

PART 1- TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: ______________________________

Street Address: ______________________________

City: ____________ State: ____________ Zip: ____________

I am requesting licensure in the state of Utah as a: **NATUROPATHIC PHYSICIAN**

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 Qualifier: ______________________________

PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY:

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

(Continued on the next page.)

Name of Qualifying Person: ____

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 ____

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)