STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

VOCATIONAL REHABILITATION COUNSELOR

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 college transcript as verification of a master’s degree in rehabilitation counseling or related field. A related field includes any of the following: psychology, clinical psychology, counseling psychology, professional guidance and counseling, social work, educational counseling, educational psychology with rehabilitation counseling emphasis, special education with rehabilitation counseling emphasis, or any other field deemed substantially related to the practice of rehabilitation counseling by the Board and Division.

   Have the school mail your transcript to DOPL or you may include the transcript along with your application for licensure. To be “official” the transcript must bear the school seal and be enclosed in a sealed envelope from the school. The school’s seal/stamp must also be on the flap of the sealed envelope.

2. Submit verification of having completed 4,000 hours of disability related work experience under the supervision of an individual who is currently licensed as a vocational rehabilitation counselor.

3. Submit verification of passing the Certified Rehabilitation Counselor Exam.

4. Submit completed application form.

5. Submit a $70.00 non-refundable application-processing fee, made payable to “DOPL.”
ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
   
   - Division of Occupational & Professional Licensing Act
   - General Rule of the Division of Occupational & Professional Licensing
   - Vocational Rehabilitation Counselors Licensing Act
   - Vocational Rehabilitation Counselors Act Rule

2. **Other Examinations:** To obtain information regarding the Certified Rehabilitation Counselor (CRC) Examination you may contact the CRCC at [www.crccertification.com](http://www.crccertification.com) or by phone at (847) 944-1325.

3. **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.

4. **Code of Ethics:** Vocational rehabilitation counselors are required to abide by the Code of Ethics of the Commission on Rehabilitation Counselor Certification.

5. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

6. **Endorsement:** The Division may issue a license to an individual who is licensed in another state or jurisdiction to practice vocational rehabilitation counseling if the Division finds that the other state or jurisdiction has substantially the same or higher licensure requirements as this state. If seeking license by endorsement, follow instructions provided in the “Request Verification of License” form attached to this application.

7. **Continuing Education:** Vocational Rehabilitation Counselors must complete a minimum of twenty (20) hours of continuing education (CE) during the annual license renewal period commencing April 1 of each year beginning in 2011. A minimum of two (2) hours must be completed in ethics/law. This requirement is pro-rated for new licensees. For additional continuing education information, refer to the Vocational Rehabilitation Counselor Licensing Act Rule, R156-78-304 Continuing Education, available at [www.dopl.utah.gov](http://www.dopl.utah.gov).

8. **License Renewal – Licensed Vocational Rehabilitation Counselor:** All vocational rehabilitation counselor licenses expire on April 1 each year beginning in 2011.

   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. 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 a full year.

   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 by DOPL to each licensee’s last address of record, as provided to DOPL.
9. **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](http://www.dopl.utah.gov).

10. **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).

11. **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](http://www.dopl.utah.gov).

12. **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 |

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

14. **Email:** doplbureau3@utah.gov
APPLICATION FOR LICENSURE

☐ VOCATIONAL REHABILITATION COUNSELOR
☐ VOCATIONAL REHABILITATION COUNSELOR BY ENDORSEMENT (If currently licensed in another state)

***Please list your full legal name as it appears on your driver’s license, Social Security Card, etc.***

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
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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.)

<table>
<thead>
<tr>
<th>Profession:</th>
<th>Issuing State:</th>
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<tbody>
<tr>
<td>License Number:</td>
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<td>Profession:</td>
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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: ___ / ___ / ______

EXAMINATION REQUIREMENT

Answer “Yes” or “No.”

_____ Passing of the Commission on Rehabilitation Counselor Certification (CRCC) Exam

If you answered “Yes”, please submit a copy of the CRCC certificate showing your CRCC certification number. If you answered “No”, do not submit the application at this time. You must pass the CRCC exam before submitting an application and obtaining a license.

EDUCATION REQUIREMENT  (Attach additional sheets if necessary.)

School Name: _____________________________________________________________
Location: ________________________________________________________________
Dates Attended: _________ To _________ Date of Graduation: ___/___/___
Degree Received: __________________________

School Name: _____________________________________________________________
Location: ________________________________________________________________
Dates Attended: _________ To _________ Date of Graduation: ___/___/___
Degree Received: __________________________
VOCATIONAL REHABILITATION COUNSELOR 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 been named as a defendant in a malpractice suit?

(Continued On the Next Page)
13. ____ 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?

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

15. ____ 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?

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

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

18. ____ 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?

19. ____ 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?

20. ____ 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?

21. ____ Do you currently have any criminal action pending?

22. ____ 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.

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

24. ____ 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)?

25. ____ 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?

(Continued On the Next Page)
If you answered “yes” to questions 21, 22, 23, 24, or 25 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, the Division may request additional documentation if the information submitted is insufficient.
VERIFICATION OF EXPERIENCE
AS A VOCATIONAL REHABILITATION COUNSELOR

TO BE COMPLETED BY VOCATIONAL REHABILITATION COUNSELOR SUPERVISOR

Name of Applicant: __________________________________________
Name of Supervisor: __________________________________________
Supervisor’s License Type and License #: __________________________
Name of Employer: ____________________________________________
Employer Address: ____________________________________________
City: __________________________ State: __________ Zip: __________
Telephone: __________________________ Email: __________________

Describe the applicant’s employment setting: (private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other)

____________________________________________________________________________________
____________________________________________________________________________________

Dates applicant was employed as a vocational rehabilitation counselor with this agency: from __/____/____ to __/____/____

In the past two years has the applicant been engaged in practice of vocational rehabilitation counseling and/or services for at least 4,000 hours? ☐ Yes ☐ No

What was the applicant’s schedule? ☐ Full-time ☐ Part-time

Is the applicant still employed with agency? ☐ Yes ☐ No

If no, is the applicant re-hirable? ☐ Yes ☐ No

This document is proof that the applicant has been actively engaged in the lawful practice of vocational rehabilitation counseling and/or services for not less than 4,000 hours.

Name: __________________________________________ Title: __________________________

Signature: __________________________________________

Date of Signature: __/____/____
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(FOR TWO-SIDED PRINTING)
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 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: ______________________________________________________

Date of Signature: ___/___/___

(Continued on the next page.)
PART 2 – 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 an envelope, seal the 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 of Signature: ___/___/___

(SEAL)