

RENEWAL/REINSTATEMENT FORM

Subsection <u>58-1-501(1)(a)</u> and Section <u>58-1-502</u>,

U.C.A., make it unlawful and punishable as a

criminal offense to practice your occupation or

profession beyond the expiration of your license.

	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	
Please fill in:	Physician and Surgeon & Controlled Substance License	\$193.00 \$78.00 \$271.00	January 31 st of even years.	Additional fees are required after expiration. See reverse for details.
↓ NAME AND AI	DDRESS OF RECORD↓		SS / PHONE CO	DRRECTION \
			s a new address	? □ Yes □ No
daress:			formation will be used	d for all correspondence
ity:	State: Zip:	from D		
hone: () -	Box instead of a home address. If your made and address changes, notify DOPL direct			
		mail, de	o not rely on a postal	service forwarding order
			changes to <u>doplweb</u>	
.	STIONNAIRE Answer "YES" or "			
For questions 1 - 4 below, motor vehicle	eading, or fraudulent answers may result in lose e offenses such as driving while impaired or intoxicated must b	be disclosed, but minor traffic of	ffenses such as parking or spee	ding violations do not need to be listed.
	ce the last renewal or issuance of this license lea in abeyance to, or entered into a deferred se			
Dyes DNs 2. Since	ce the last renewal or issuance of this license ha			
3 Cin/	jurisdiction? ce the last renewal or issuance of this license ha	ive you surrendered or h	nad any disciplinary action	n taken against a
Li Yes Li No licel	nse to practice in a regulated profession? you currently under investigation or is any discip	•		_
Li Yes Li No any	agency?	•		
IF YOU ANSWERED "YES"	TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1	A ON PAGE TWO FOR	INSTRUCTIONS ON AD	DITIONAL REQUIREMENTS.
Please Select ONE: ☐ I am a United Stat	res citizen OR a non-citizen of the United	l States who is lawfu	Illy present	
	onal not physically present in the United		my present.	
	e (please explain):			
Driver's License o	or State ID card: State of issue			
				piration date
	old a US Driver's license or a US State ID, y ents(s) showing evidence of lawful presence		ible copy of your curre	nt and valid government
AFFIDAVIT / SIGN.	ATURE Read the following car	refully. Sign belov	v or follow the instr	uctions as indicated.
	perjury that I am a United States citizen or a			
	completed or will complete all renewal require cense. I understand that I may be subject to a			
•	the licensee described and identified in this a	•	,	
for the renewal or reinsta correct, and is free of fra and will be available for I	atement of this license. To the best of my kno ud, misrepresentation, or omission of materia inspection by the public, except with regard to ernment Records Access and Management A	wledge, the informational fact. I understand the other release of informations	n contained in this appl at this application will be ation which is classified	ication is complete and e classified as a public recor
Social Security Number	er			
Signature:		Date:	(If unable to sign, see	#B on page 2 for instructions.)
RENEWAL REQUII	REMENTS Specific to your license:			Your license will automatically
	at least 40 hours of CME are required during each to be ACCME category 1 offerings. An ACGME app			new it prior to its expiration date. s you may not practice until a

DOPL • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741 • www.dopl.utah.gov telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511 v.20231107

meets the continuing education requirement in a pro-rata amount equal to any part of that two-year period. Controlled Substance prescribers must complete at least 3.5 hours of continuing education in classes

approved by the Division. Approved Suicide Prevention Training & Controlled Substance Continuing

DO NOT submit documentation of your completed hours unless you are audited and requested to do so.

Education Courses can be found at dopl.utah.gov/physician-and-surgeon/resources.



ADDITIONAL REQUIRED DOCUMENTATION

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

CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL

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

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

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

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

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

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

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

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

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

<u>ON-LINE RENEWAL INFORMATION</u>: Most professional licenses can be renewed on-line at <u>www.dopl.utah.gov</u> by using a credit or debit card and a unique "Renewal ID Number" (similar to a pin number). This timesaving system allows for convenient license renewal. The updated license should be emailed to the email in your record on the next business day. Contact DOPL if you do not have a renewal ID number.

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



Name:	License	Number:					
Please complete th	Please complete this information and submit it with your renewal application.						
DESIGNATION OF CONTA				DS			
In accordance with Utah Code <u>58-67-302(1)(i)</u> and <u>58-67-302(1)(j)</u> and the Federal HIPAA Regulations all physicians licensed in Utah must designate a contact person and an alternate contact person for access to their patients' medical records and provide such information to the DOPL. Each applicant is also required to establish a method of notifying patients of the identity and location of the contact persons (<i>i.e. a phone number or address where patients can obtain their medical records</i>).							
If a hospital clinic or other medical facility is the owner of your patients' medical records the facility's records department could be listed as the primary contact. You may list yourself as the primary contact, but you must also provide an alternate contact.							
Please note that this statute became access to their medical records. DOI to provide it to patients upon request investigated for unprofessional cond	PL's responsibility is to o t. If you have not provide	collect each physician's o	contact information				
Primary Contact:							
Address:	City:	State:	Zip:				
Phone: ()	Email:						
Alternate Contact:							
Address:							
Phone: ()							
Please identify the method of notifyir ☐ Phone☐ Mail ☐ In Person ☐ C	ng patients of location of	records: (check all that	apply):	_			
☐ Yes ☐ No ☐ Do you perform (For purposes of the immediately prediction removal of a dead fetus, removal of a abortion that is necessary to avert a swoman, an abortion of a fetus that has woman is pregnant as a result of rape	ceding question, elective abor n ectopic pregnancy, an abor serious risk of substantial and s a defect that is uniformly dia	Itah in a location other rtion means an abortion other tion that is necessary to avert irreversible impairment of a m	than one of the followir t the death of a woman, najor bodily function of a	an a			

Business Name: _____ Phone: (____) ___ _ _ Address: _____ State: ____ Zip: _____

Business Name: _____ Phone: (_____) ___ _ ___ Address: _____ City: _____ State: ____ Zip: _____