

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.

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS	
Please fill in:	Physician and Surgeon	\$193.00	January 31st of even years.	Additional fees are required after expiration. See reverse for details.	
↓ NAME AND AD	DRESS OF RECORD↓	↓ ADDRI	ESS / PHONE CO	ORRECTION ↓	
lame:		Is th	nis a new address	s? □ Yes □ No	
.ddress:					
City: State: Zip:			This information will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your mailing or email address changes, notify DOPL directly. For mail, do not rely on a postal service forwarding order.		
hone: () Country:					
mail:		Subm	nit changes to doplweb	o@utah.gov	
QUALIFYING QUES	STIONNAIRE Answer "YES" or "	"NO" for each que	estion. Do not leave	e any question blank.	
Tor questions 1 - 4 below, motor vehicle Yes No 1. Since a ple 2. Since any 3. Since licer No Yes No Yes No 1. Are any 4. Are any 5. Please Select ONE: I am a United State None of the above Driver's License of the Note: Note: If you do not how issued document.	ading, or fraudulent answers may result in los offenses such as driving while impaired or intoxicated must be the last renewal or issuance of this license as in abeyance to, or entered into a deferred see the last renewal or issuance of this license has purisdiction? The the last renewal or issuance of this license has to practice in a regulated profession? TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1 The contained by the containe	be disclosed, but minor traffice have you pled guilty entence with respect to ave you been charged ave you surrendered or iplinary, administrative, IA ON PAGE TWO FO di States who is law di States. ID/License Number you must present a lee in the United States	coffenses such as parking or speeto, pled no contest to, be any felony or misdemeand with or arrested for any felony or criminal action pending R INSTRUCTIONS ON AD fully present.	eding violations do not need to be listed the convicted of, made for in any jurisdiction? In taken against a gradient you now by DDITIONAL REQUIREMENTS. Expiration date and valid government	
AFFIDAVIT / SIGNA	ATURE Read the following ca	refully. Sign belo	ow or follow the instr	ructions as indicated.	
 I also certify that I have cor reinstatement of my lice I further certify that I am to for the renewal or reinstate correct, and is free of frate and will be available for it 	perjury that I am a United States citizen or a completed or will complete all renewal requirences. I understand that I may be subject to the licensee described and identified in this attement of this license. To the best of my known, misrepresentation, or omission of matering pection by the public, except with regard the transmission of matering pection by the public, except with regard the transmission of matering pection by the public, except with regard the transmission of matering pection by the public, except with regard the transmission of materials.	ements, if applicable, audit by DOPL of hav application for license by whedge, the information fact. I understand to the release of information to the release of information.	including those specified ving met these requirement renewal / reinstatement ion contained in this appoint hat this application will be mation which is classified	d below before the expiration ents. . I am qualified in all respects lication is complete and e classified as a public recon	
Social Security Number			· · · · · · · · · · · · · · · · · · ·		
Signature:	'	Date:	(If unable to sian. see	e #1B on page 2 for instructions.)	
RENEWAL REQUIR n accordance with R156-67-304	REMENTS Specific to your license at least 40 hours of CME are required during each be ACCME category 1 offerings. An ACGME app	: two-year licensure cycle,	Unlawful Conduct: expire unless you re	Your license will automatically new it prior to its expiration date. so 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
Page 1 of 3 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

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

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.

period. Controlled Substance prescribers must complete at least 3.5 hours of continuing education in classes



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 this information and submit it with your renewal application.						
DESIGNATION OF CONTAC						
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 law in 2005 due to complaints from patients who could not gain access to their medical records. DOPL's responsibility is to collect each physician's contact information and to provide it to patients upon request. If you have not provided accurate information to DOPL you may be investigated for unprofessional conduct.						
Primary Contact:						
Address:	City:	State:	Zip:			
Phone: ()	Email:					
Alternate Contact:						
Address:						
Phone: ()						
Please identify the method of notifying patients of location of records: (check all that apply): □ Phone□ Mail □ In Person □ Other:						
FLECTIVE ABORTIONS ☐ Yes ☐ No Do you perform elective abortions in Utah in a location other than a hospital? (For purposes of the immediately preceding question, elective abortion means an abortion other than one of the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of substantial and irreversible impairment of a major bodily function of a woman, an abortion of a fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where the woman is pregnant as a result of rape or incest. 58-67-304(4)						

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

Business Name: _____ Phone: (_____) ___ _ ___