

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

**APRN**                       **APRN-CRNA**

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License  
or State ID Card**

\_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

**AFFIDAVIT AND RELEASE**

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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, 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 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

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

1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

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. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- 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.

#### NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

If you identified an advanced practice registered nurse or certified registered nurse anesthetist license above, please answer the following:

- Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

## MEDICAL QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer each question. Do not leave any question blank.**

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.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

Yes  No a hospital or health care facility

Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes  No malpractice insurance coverage

Yes  No other entity: \_\_\_\_\_

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

Yes  No a hospital or health care facility

Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes  No malpractice insurance coverage

Yes  No other entity: \_\_\_\_\_

3. Is any action pending against you now by:

Yes  No a hospital or health care facility

Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes  No malpractice insurance coverage

Yes  No other entity: \_\_\_\_\_

4.  Yes  No Have you been named as a defendant in a malpractice suit?

Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

5.  Yes  No

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

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.

## DECLARATION OF PRIMARY STATE OF RESIDENCE

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

Upon the issuance of this license, my primary state of residence will be: \_\_\_\_\_.

**NOTE:** You must update your address with DOPL within 2 weeks of any changes.

## UTAH CONTROLLED SUBSTANCE AFFIDAVIT

*This license is mandatory for APRN-CRNAs. This license is optional for APRNs*

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
2. I understand that I may need a written delegation of services agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
3. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.
4. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: In addition to signing this affidavit, you must complete the items listed on the CONTROLLED SUBSTANCE LICENSE checklist at the end of this application. APRN's in solo practice must meet the practice requirements of U.C.A. 58-31b-803.*

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

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## PSYCHIATRIC MENTAL HEALTH NURSING SPECIALTY

Only applicants applying for the Psychiatric Mental Health Specialty need to complete this section.

I understand it is required that I complete 3,000 hours of post-certification clinical practice. I understand that to qualify for renewal:

- if renewing less than two years after the day on which the division originally issued the license, demonstrate satisfactory progress toward completing the clinical practice; or
- have completed the clinical practice requirements.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The "Verification of Supervised Experience" form is available for download from [our website](#).

## CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at:

<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.**

**REVIEW OF YOUR CRIMINAL RECORD:** If you wish to review or 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. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

# Affidavit of Supervision for APRN Intern

Intern licensure is an optional license for APRN applicants only. APRN-CRNA applicants are not eligible for an intern license.

## APPLICANT INFORMATION

To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

- I understand that I must meet all requirements except those outlined in 58-31b-306 before applying for this license.
- I understand that the intern license will expire: 30 days after failing the specialty certification exam, upon issuance of my full APRN license, or 180 days after the date it was issued, whichever occurs first.
- I understand that it is my responsibility to submit documentation of meeting all requirements for licensure, and that if I do not submit documentation the intern license will automatically expire and my application for full licensure will be denied.
- I understand that I must practice under the general supervision of a Utah Licensed APRN or physician and that I cannot begin practice until the intern license has been issued and must cease working once it expires.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EMPLOYMENT INFORMATION

To be completed by the supervising APRN or Physician

**Name of Facility:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

I hereby certify that I will provide general supervision to the above named nurse at the facility listed. I understand that the applicant cannot work without a valid license, and if the intern license expires prior to their full license being issued, they must immediately cease practice.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to the applicant to submit with their application.

Do not begin supervision until the applicant has been approved for a temporary license.

## APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience; you do not need to include it with your application.

**NOTE:** Your application will only be held in an incomplete status for 30 days. If you will not have all items submitted to DOPL within 30 days, your application will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### **ALL APPLICANTS**

All applicants are required to submit following items to complete the application:

- \$130.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the qualifying questionnaires.
- Official documentation of current certification as outlined in 58-31b-302 and R156-31b-302c. See "Optional APRN Intern License" below if you are a new graduate and have not taken the required examination.
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

### **LICENSURE BY APPLICATION**

*In addition* to the items required for all applicants, you must submit the following items:

- Official transcripts documenting completion of an educational program that meets one of the pathways to licensure outlined in 58-31b-302(4) and R156-31b-301c. Transcripts must document course work in patient assessment, diagnosis and treatment, and pharmacotherapeutics.  
**NOTE:** Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap. Transcripts can be sent via secure email from your school's registrar's office to [b7@utah.gov](mailto:b7@utah.gov).
- If you are not currently licensed in the state of Utah as a Registered Nurse, you must submit official verification of an active RN and/or APRN license from one or more jurisdictions in which you are currently licensed.

### **LICENSURE BY ENDORSEMENT**

If you are currently licensed in *good standing* as an APRN or APRN-CRNA in [a state, territory, or district of the United States deemed equivalent to a Utah license](#) and have at least one year of licensed experience, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved states.  
**Note:** If your state is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.

### **CONTROLLED SUBSTANCE LICENSE**

*This license is optional for APRNs, however it is mandatory for APRN-CRNAs.*

If your practice in the state of Utah will include administering, possession or prescribing of controlled substances, you must apply for a Utah Controlled Substance License by submitting the following:

- \$100.00 non-refundable application processing fee, made payable to "DOPL".
- APRN's ONLY: If you are engaged in solo practice and have less than 2,000 hours of licensed APRN experience, you must submit seven hours of continuing education pertaining to prescribing opioids.
- Complete the "Utah Controlled Substance Law and Rule Affidavit" found in this application.  
**\*NOTE:** In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

### **OPTIONAL APRN INTERN LICENSE**

If you are applying for an APRN Intern license, in addition to the items required for all applicants, you must submit the following:

- \$35.00 non-refundable application processing fee, made payable to "DOPL".
- Affidavit of Supervision for APRN Intern found in this application.

Submit the above items with your completed application to:

#### **In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741