

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

- Licensed Practical Nurse
- Registered Nurse

**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: \_\_\_\_\_

## 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.

## 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?

5.  Yes  No 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?

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.

## 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 obtain 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 the checklist at the end of this application.

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

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

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

**Option 1: Initial Licensure in Utah**

If you have not held a license in any other state or territory, and have taken the NCLEX for Utah, select this option. Submit only the items listed on the checklist at the end of this application.

**Note:** All applicants must have first completed the Authorization to Test application, and taken and passed the NCLEX for UTAH. Information on completing these steps can be found on our website, [dopl.utah.gov/nurse](http://dopl.utah.gov/nurse), under the “Exam Information” menu.

If you have taken and passed the NCLEX for another state, please review Option 2 and 3 below.

**Option 2: Licensure by Endorsement**

Applicants who have held a license in an approved jurisdiction, with at least one year of experience, may apply for licensure by endorsement if their license is in good standing. For a list of approved jurisdictions, please see our website, [dopl.utah.gov/nurse](http://dopl.utah.gov/nurse), under the “Licensing” menu.

*In addition to the items identified on the checklist of this application, you must submit:*

- Official verification of at least one *active* license equivalent to the classification requested in this application that was issued at least one year prior to your application to Utah, and is in good standing. **Note:** Some jurisdictions may require specific information be provided with your verification. See the information on our [website](#) for details regarding specific jurisdictions.

**Option 3: Licensure by Application after licensure in another jurisdiction**

Applicants who hold a license from another jurisdiction, but do not qualify for licensure by endorsement (Option 2), may apply by demonstrating they meet the qualifications for initial licensure in Utah.

*In addition to the items identified on the checklist of this application, you must submit:*

- Official verification of at least one active license equivalent to the classification requested in this application. Verification must include education and exam information that meet the Utah requirements. *If your license is not in good standing, please contact the board to clarify if additional items are required.*

If you are a **foreign graduate**, you must also submit documentation of:

- Within the year preceding the date of the application, successfully completed all three components of the [CGFNS Certification Program AND CES Professional Report](#). If you completed this requirement more than one year prior to submitting this application, please contact the board for further instructions.

**Note:** All applicants under option 3 must have taken and passed the NCLEX, no other exams are accepted. If you did not take the NCLEX, you must first complete the “Authorization to Test” application and pass the NCLEX for UTAH. Information on completing these steps can be found on our website, [dopl.utah.gov/nurse](http://dopl.utah.gov/nurse), under the “Exam Information” menu

**Note for applicants using Option 2 and 3:** If the state you are licensed in participates in the NURSUS verifications system, go to [NURSUS.com](http://NURSUS.com) to request the verification. Verification processed through NURSUS are available immediately to the Division.

If your state does not participate in NURSUS, you must request the verification from that state board of nursing and have it sent directly to the State of Utah. Your application can not be processed until the verification is received. Please verify with that state to determine the timing of submitting your application, keeping in mind that your application *must be complete within 30 days* of the Division’s receipt.

## 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

The following items are required to complete your application:

- \$90.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the either of the qualifying questionnaires.
- All required documentation for your specific pathway to licensure. *Please see the section of the application titled "Pathway to Licensure" for requirements.* If required and your state participates, the fastest way to request an official verification of licensure is through [nursys.com](http://nursys.com).
- 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). If you are unable to obtain fingerprints at DOPL's office, you must include two completed (2) blue fingerprint cards (**Form FD-258**) with your application.
  - **Please Note:** Fingerprint services are available, with no additional charge for DOPL applicants, at DOPL's office (160 E 300 S Salt Lake City) from 8:00am to 4:30pm. Applicants that arrive late in the day without leaving sufficient time to be processed may be turned away. **Valid government issued ID (ie US Driver's License, State ID, Passport or US Military ID) is required.** If you are unable to obtain fingerprints at DOPL's office, you must include two completed (2) blue fingerprint cards (Form FD-258) with your application.
  - **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.

**NOTE:** If you are reinstating an expired Utah license, and *do not hold an active license* in another state, please contact the board for instructions.

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