Request for Authorization to test

☐ Registered Nurse  ☐ Licensed Practical 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 authorization to work in the United States

DECLARATION OF PRIMARY STATE OF RESIDENCE
Primary State of Residence is the state of your declared, fixed and permanent principal home for legal purposes. My primary State of residence will be: ________________________________________________________________

Note: you must update your address with DOPL within two weeks of any changes

AFFIDAVIT
I certify that I meet the requirements outlined in 58-31b-302 and 58-31b-601 to sit for the exam. I understand that this application is for authorization to take the exam, and does not imply eligibility for licensure or grant authority to practice in the regulated field. After passing the exam, I will submit a complete application for licensure. I understand that I must be registered with the testing company prior to submitting this request, and that I must provide official transcripts documenting completion of an approved program or verify that all CGFNS requirements for licensure are submitted to DOPL.

My NCLEX Registration Number (required): ____________________________

Signature of Applicant: ____________________________ Date: __________

*Please continue to next page for important information
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’s flap. Transcripts may also be sent via secure email through a clearinghouse to mailto:doplbureau7@utah.gov OR; if you are a foreign graduate, a CGFNS Certification and CES Professional Report indicating your education is equivalent to an approved program. Please contact CGFNS for more information. http://www.cgfns.org/

Submit this form and official transcripts to:

**In person or via express delivery:**
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st floor lobby
160 E 300 S
Salt Lake City, UT 84114