## State of Utah Department of Commerce

Division of Occupational and Professional Licensing

## 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	d:		
SSN:	Date of Birth:	Gender: Male	Female
Address:			
Street Address (inclu	uding Apt/Unit/Ste #) and/or PO Box		
City		State ZIP Code	9
Phone:	Email:		
I am a foreign nati None of the above  Driver License or State ID Card  State of  NOTE: If you do not hold a ligovernment issued docume  Primary State of Residence My primary State of reside	you must update your address with DOPL withi	Expiration Date st present a legible copy of your cu n the United States.  E OF RESIDENCE permanent principal home for lega	
	AFFIDAVIT		
application is for authorization	irements outlined in 58-31b-302 and 58-31b on to take the exam, and does not imply eliq passing the exam, I will submit a complete a	gibility for licensure or grant authorit	
official transcripts* documer	registered with the testing company <u>prior</u> to nting completion of an approved program or lure to complete these steps may result in d	verify that all CGFNS requirements	
stamp/seal on the envelope's flap foreign graduate, a CGFNS Certi	cial" when they are sent directly from the school to Do. Transcripts may also be sent via secure email the fication and CES Professional Report indicating you information. http://www.cgfns.org/. Submitting this foult in denial.	rough a clearinghouse to <u>b7@utah.gov</u> <u>Ol</u> ur education is equivalent to an approved	<b>R</b> ; if you are a program.

Submit completed form <u>and</u> official transcripts to: <u>doplnewapplication@utah.gov</u> or via the address listed below.