

Official Use Only
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

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:dopl.bureau7@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

US Postal Service:

Division of Occupational and Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114