

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

- Temporary Graduate Licensed Practical Nurse
- Temporary Graduate Registered Nurse

Note: See the checklist at the end of this application for important information on the availability of this license.

**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.

## GRADUATE NURSE LICENSE AFFIDAVIT

Yes  No I am registered to take the NCLEX.

Yes  No I have submitted my [Request for Authorization to Test](#) to DOPL.

*Note: The documentation submitted with a complete [Authorization to Test](#) is required to determine eligibility for the Temporary Graduate Nurse license. If you have not yet submitted your Request to Test, you must submit it with this application.*

1. I certify that I have met all license requirements except passing the NCLEX, and that:

- within the last three months, I graduated from an approved nursing education program as defined in Utah Code 58-31b-601; or
- I am applying as an LPN by equivalency; I have been enrolled in an RN education program with full approval status and within the last three months I completed course work equivalent to the course work of an ACEN accredited practical nursing program.
- I am registered to take the NCLEX Exam.

2. I understand and agree that:

- a temporary Graduate Nurse license is issued for only 6 months and cannot be renewed;
- if I PASS the NCLEX, I will submit an application to become licensed as an LPN or RN, and my temporary Graduate Nurse license will be superseded upon issuance of my LPN or RN license; and
- if I FAIL the NCLEX, my temporary Graduate Nurse license will automatically expire upon the release of my official examination results.

3. I understand that while I hold this temporary Graduate Nurse license I must practice under the DIRECT SUPERVISION of a Utah licensed RN, APRN, or Medical Doctor (MD or DO).

"Direct supervision" means the supervising licensee is present and available for face-to-face communication with the person being supervised when and where professional services are being provided. Utah Admin. Rule R156-31b-102(36)(a). The supervising licensee's license must be active and good standing.

4. I understand that my temporary Graduate Nurse license will only be valid in Utah. I acknowledge that a Graduate Nurse license is not eligible for the Nurse Licensure Compact and is considered "Single State".

5. I have reviewed and certify that I will abide by the laws and rules that govern the practice of my profession. This includes, but is not limited to, all laws and rules governing the delegation of nursing tasks. See Utah Admin. Code Sections R156-31b-102(13), R156-31b-701a, R156-17b-701b and R156-17b-701c.

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

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

## 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.

**This is a time limited license offered in light of pandemic related testing delays. The availability of this temporary license may end at any time. At the expiration of the declared emergency, temporary licenses that have been issued will remain valid; however, no new licenses will be issued.**

### **ALL APPLICANTS**

The following items are required to complete your application:

- Supporting documentation for any “yes” answers provided on the either of the qualifying questionnaires.
- If you have not previously, please submit a complete [Request for Authorization to Test](#), including the official documentation of meeting the education requirements for this license. You may use the link above, or our online application found at <https://dopl-egov.commerce.utah.gov/>.

**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 [b7@utah.gov](mailto:b7@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/>.

Submitting this form without timely submission of transcripts, PN Equivalency, or CGFNS may result in denial.

Submit the above items with your completed application to:

**Email:**

[Doplnewapplication@utah.gov](mailto:Doplnewapplication@utah.gov)

**Fax:**

(801) 530-6511

**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

If you have questions, please contact the Division via our direct email address, [b7@utah.gov](mailto:b7@utah.gov), or via the phone or fax listed below. Do not send applications to this email.