

Licensee Certification of Receipt of MOU/Stipulation

Profession: _____

Case #: _____

(Mandatory field)

I, (print name) _____, hereby certify that I have informed my:

(Check one, use and submit additional copies of this form as needed.)

- Employer Representative
- My Prescribing Practitioner
- My EAP (Employee Assistance Program) counselor
- Practice Associate/Peer Monitor
- Supervisor
- Spouse or Significant Other
- Other: _____

of my probationary status with the Division of Occupational and Professional Licensing. I have provided them a copy of my Stipulation and Order/Memorandum of Understanding which was signed on (date) ___/___/___ and is for a term of _____ years from that date.

Signature: _____ Signature Date: ___/___/___

VERIFICATION OF RECEIPT OF MOU/STIPULATION

I, (print name) _____,
representing (print entity) _____,
located at (print address): _____,

do hereby verify that the above named individual has provided me a copy of their Stipulation and Order/Memorandum of Understanding with the Department of Occupational and Professional Licensing, and that I have verified the dates as indicated and reviewed the basic requirements of the agreement, **including any restrictions that have been placed on the licensee**, as it may regard my reporting requirements concerning the probationer.

Signature: _____ Signature Date: ___/___/___

Printed Name: _____ Title: _____

e-mail address: _____ Phone Number: _____

**DOPL
ATTN: COMPLIANCE UNIT
PO BOX 146741
SALT LAKE CITY UT 84114-6741**

This document may be uploaded into Affinity or submitted by FAX to (801) 530-6404.

Certification_Receipt_of_MOU (Revised 02/28/2018)