

Licensee Certification of Receipt of Stipulation/MOU

Name (please print): _____
Profession: _____
Case # (required-found on Stipulation/order): _____

To be filled out by licensee

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

(check one, and submit additional forms as needed)

- Employer Representative
- Evaluator
- Prescribing Practitioner
- EAP (Employee Assistance Program) Counselor
- Practice Associate/Peer Monitor
- Supervisor
- Spouse or Significant Other
- Therapist
- 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, signed by the Division Director on (date): _____

Signature: _____ Date: _____

To be filled out by representative chosen above

Verification of Receipt of Stipulation or Memorandum of Understanding

I, (print name) _____
Representing (print entity) _____
Located at: (print address) _____,

Do hereby verify that the above named individual **has provided me with a copy** of their Stipulation and Order or Memorandum of Understanding with the Division of Occupational and Professional licensing. I have verified the date, length of probation, and reviewed the basic requirements of that agreement; **including any restrictions that have been placed on the license as it may regard my reporting requirements concerning the probationer.**

Signature: _____ Date: _____
Printed Name: _____ Title: _____
License Number (if applicable): _____ Expiration date: _____
E-mail: _____ Phone: _____

This form may be uploaded to Spectrum or faxed to: 801-530-6404 (case # required)