CERTIFICATION OF NOTIFICATION OF URAP PARTICIPATION

LICENSEE CERTIFICATION OF NOTIFICATION OF URAP PARTICIPATION

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
- Therapist

of my status as a participant in the Utah Recovery Assistance Program (URAP). I have shown them a copy of my Diversion Agreement which was signed on (date) ________________ and is for a term of ______ years from that date.

Profession: _______________________________________________

Signature: ___________________ ____________________________

Signature Date: ___/___/____

(This section to be completed by the appropriate entity.)

VERIFICATION OF NOTIFICATION

I, (print name) ____________________________________________,
representing (print entity) ____________________________________________,
Located at (print address) ____________________________________________,
do hereby verify that the above named individual has shown me a copy of their Diversion Agreement 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 as it may regard my reporting requirements concerning said Participant.

Signature: ___________________________ Signature Date: ___/___/____

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.

URAP_participation_MOU (revised 03/05/2018)