UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

RENEWAL/REINSTATEMENT FORM

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEW	AL FEE	EXPIRATION DATE	REINSTATE	MENTS	
Please fill in:	Therapeutic Recreation Technician	\$47.	00	May 31 st of odd years	Additional fees are required after expiration. See reverse for details.		
\downarrow NAME AND AI	DDRESS OF RECORD \downarrow	\downarrow A	DDRES	SS / PHONE CO	RRECTIO	$\mathbf{N} \downarrow$	
Name:			Is this	s a new address	? 🗆 Yes	□ No	
Address:							
City: State: Zip: Phone: () –			Box instead of a home address. If your address changes, notify DOPL directly. Do not rely on a postal				
							Email:
	STIONNAIRE Answer "YES" or "I	NO" for e	ach ques	stion. Do not leave	any question	ı blank.	
Please note that false, misle	eading, or fraudulent answers may result in loss e offenses such as driving while impaired or intoxicated must b	s of licensur	e and/or cri	minal prosecution and a	re subject to rand	om audit.	
1. Sind	ce the last renewal or issuance of this license	have you pl	ed guilty to	, pled no contest to, be	en convicted of, m	nade	
	lea in abeyance to, or entered into a deferred ser ce the last renewal or issuance of this license ha						
dily julisuicion ?							
Ves No license to practice in a regulated profession?							
LI Yes LI NO any	agency?	-					
IF YOU ANSWERED "YES"	TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1/	A ON PAGE	TWO FOR	INSTRUCTIONS ON AD	DITIONAL REQUI	REMENTS.	
Please Select ONE:	tes citizen OR a non-citizen of the United	States wh	o is lawfu	Ilv present			
	ional not physically present in the United			ny proconc			
□ None of the above	e (please explain):						
Driver's License o	or State ID card:		e Number				
NOTE: If you do not ho issued docume	State of issue old a US Driver's license or a US State ID, yo ents(s) showing evidence of lawful presence	ou must pre	esent a legi		piration date nt and valid gove	rnment	
AFFIDAVIT / SIGN.	ATURE Read the following car	efully. Si	gn below	v or follow the instr	uctions as ind	licated.	
• I also certify that I have o	perjury that I am a United States citizen or a c completed or will complete all renewal require cense. I understand that I may be subject to a	ments, if ap	plicable, in	cluding those specified	below before the		
for the renewal or reinsta correct, and is free of fra and will be available for I	the licensee described and identified in this a atement of this license. To the best of my know ud, misrepresentation, or omission of materia inspection by the public, except with regard to rernment Records Access and Management A	wledge, the al fact. I und the release	information erstand that of information	n contained in this appl at this application will be ation which is classified	ication is complet classified as a p	te and oublic record	
Social Security Numbe	۲						
Signature:	[Date:		(If unable to sign, see	#1B on page 2 for in	structions.)	
RENEWAL REQUIREMENTS Specific to your license:				Unlawful Conduct: Your license will automatically			
In accordance with Subsection R156-40-304, during the past 2 years, you completed 20 hours of qualified continuing education, of which 2 hours m prevention, or hold a current CTRS certification and complete 2 hours of s prevention. If you received your initial license during the current renewal conly complete a pro-rata amount of qualified professional education for the			in suicide ou must	If your license expires new license is issued Subsection <u>58-1-501</u> U.C.A., make it unlaw	expire unless you renew it prior to its expiration date If your license expires you may not practice until a new license is issued. Subsection <u>58-1-501(1)(a)</u> and Section <u>58-1-502</u> , U.C.A., make it unlawful and punishable as a		
actually licensed. DO NOT submit documentation of your completed hours un audited and requested to do so.				criminal offense to practice your occupation or profession beyond the <u>expiration of your license.</u>			

 DOPL • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741 • www.dopl.utah.gov

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 telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511
 v.20230209

ADDITIONAL REQUIRED DOCUMENTATION

- A. If you answered "yes" to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation including a personal narrative and any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement for each and every arrest, charge, and/or conviction.
- B. If you cannot sign the Affidavit on the first of this renewal, you must submit a complete written explanation of why you cannot sign. If applicable, this explanation must include the reasons you have not or will not complete the continuing education requirements before the expiration or reinstatement of your license. DOPL personnel will reach a renewal decision on a case-by-case basis after a thorough review of your explanation. Additionally, you may be requested to provide additional information if the documentation submitted is insufficient.

CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL

- Answer all four of the certification questions on page 1 and provide additional documentation, if applicable (#A above).
- □ Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign (*#B above*).
- **D** Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
- □ Sign your check or money order. **DO NOT SEND CASH.** (*Make checks or money orders payable to "DOPL.*")
- □ Enclose documentation of your legal name change, if applicable.
- □ Mail all fees, forms, and documentation to DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

LEGAL NAME CHANGE: If your legal name has changed, you must verify the change by submitting a copy of a marriage certificate, divorce decree, court order, social security card, or contractor name change form. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

ADDRESS OR EMAIL CHANGE: You must keep your address current with DOPL, including your email address. You cannot rely on postal service forwarding. Submit changes online at <u>www.dopl.utah.gov</u>. (*If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of any change: (801) 530-4849.)*

<u>TIMELY RENEWAL</u>: You are responsible to comply with all renewal / reinstatement requirements stated in statute and rule. Your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to immediately submit a completed Application for License Renewal / Reinstatement. You can save time by renewing online at <u>www.dopl.utah.gov</u> where you can immediately print out a confirmation of renewal.

<u>APPLICATION APPROVAL</u>: Your application will be approved unless you do not meet the renewal / reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by DOPL. Those selected for audit will be notified. Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

NON-REFUNDABLE FEES: Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Please be aware that simply paying the fees does not mean that your license will be automatically renewed unless you meet the current renewal requirements and thereby qualify for a renewed license.

REINSTATEMENT FEES: If you fail to timely renew your license, you will be subject to the following conditions:

- If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$20.00 for **EACH** license being reinstated.
- If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$50.00 for **EACH** license being reinstated. (*Reinstating Lien Recovery Fund members must also submit another \$50.00 in addition to any special LRF assessments.*)
- Fees are subject to change each July 1. If listed, the fees on the application are current at the time printed. Please verify the current fee at www.dopl.utah.gov if applying for reinstatement more than one year following expiration of your license.

NOTICE: If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308g (3). Contact DOPL for assistance if reinstating after two years of expiration.

<u>ON-LINE RENEWAL INFORMATION</u>: Most professional licenses can be renewed on-line at <u>www.dopl.utah.gov</u> by using a credit or debit card and a unique "Renewal ID Number" (similar to a pin number). This timesaving system allows for convenient license renewal. The updated license should be emailed to the email in your record on the next business day. Contact DOPL if you do not have a renewal ID number.

TAX ID NUMBER: The Tax ID Number for the Division of Professional Licensing is 87-6000545.