

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.