

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

### Tax Credit Attestation: New Utah Practice

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

DOPL License Number: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### TAX CREDIT QUALIFICATIONS

I meet the requirements to obtain this tax credit certificate as follows:

1. During the calendar year claimed on this application, I qualified as a "Psychiatrist, or "Psychiatric Mental Health Nurse Practitioner" {Utah Code Ann. §§ 58-1-111 (3) & 59-10-1111 (2)} - (select one):

**Psychiatrist:**

In order to qualify for this credit, you must be:

- Licensed in Utah as a PHYSICIAN (under the Utah Medical Practice Act, Interstate Medical Licensure Compact, or Utah Osteopathic Medical Practice Act); and
- BOARD ELIGIBLE, or BOARD CERTIFIED, for a psychiatry specialization recognized by the American Board of Medical Specialties (ABMS), or the American Osteopathic Association's Bureau of Osteopathic Specialists.

**Psychiatric Mental Health Nurse Practitioner:**

In order to qualify for this credit you must be:

- Licensed under the Utah Nurse Practice Act for the practice of Advanced Practice Registered Nursing: and
- Hold a certification recognized by the American Nurses Credentialing Center of the AACN as a psychiatric mental health nurse practitioner.

2. By initialing below, I certify that during the calendar year claimed on this application, I provided at least 30 hours or more per week of licensed services in Utah, as defined in Utah Code Ann. §58-1-111 (1)(a) and described in 58-1-111 (4).

**Initial:** \_\_\_\_\_

Of my above-described total hours of licensed services in Utah, I devoted 25% or more of these hours to an "underserved population", as defined in §58-1-111 (1) (a) and described in Utah Code Ann. §58-1-111 (4).  
*(please check all applicable boxes)*

Native American Indian

Individual(s) located in the county of the third, fourth, fifth, or sixth class, as designated in Utah Code Ann. §17-50-501. *(check all applicable counties on the following page):*

**Third class counties (2015) (population 31, 000 – 124,999)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Box Elder (52,097) | <input type="checkbox"/> Iron (48,368)   | <input type="checkbox"/> Tooele (62,952) |
| <input type="checkbox"/> Cache (120,783)    | <input type="checkbox"/> Summit (39,633) | <input type="checkbox"/> Uintah (37,928) |

**Fourth class counties (2015) (population 11,000 – 30,999)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Carbon (20,479)   | <input type="checkbox"/> Morgan (11,065)   | <input type="checkbox"/> Sevier (20,984)  |
| <input type="checkbox"/> Duchesne (20,862) | <input type="checkbox"/> San Juan (15,772) | <input type="checkbox"/> Wasatch (20,161) |
| <input type="checkbox"/> Millard (12,645)  | <input type="checkbox"/> Sanpete (15,772)  |   |

**Fifth class counties (2015) (population 4,000 – 10,999)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Beaver (6,354) | <input type="checkbox"/> Garfield (5,009) | <input type="checkbox"/> Juab (10,594) |
| <input type="checkbox"/> Emery (10,370) | <input type="checkbox"/> Grand (9,516)    | <input type="checkbox"/> Kane (7,131)  |

**Sixth class counties (2015) (Population less than 4,000)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Beaver (6,354) | <input type="checkbox"/> Garfield (5,009) | <input type="checkbox"/> Grand (9,516) |
| <input type="checkbox"/> Emery (10,370) |   |  |

**TAX CREDIT LIMIT**

I am requesting the tax credit certificate for tax year: \_\_\_\_\_.

Have you received this tax credit for any previous years?  YES  NO

If yes, please provide the year(s): \_\_\_\_\_

*Note: An applicant may claim this tax credit for no more than 10 taxable years.*

**ATTESTATION**

I have read and understand the statute for this tax credit certificate, Utah Code Ann. § 58-1-111(4). I understand that this Utah income tax credit is available only to a "psychiatrist or a psychiatric mental health nurse who has devoted a certain amount of working hours providing services to an underserved population in Utah.

Under penalty of perjury, I attest that the information I present herein is true and accurate to the best of my knowledge and understanding.

I understand that providing false representations to the Division would constitute "unprofessional conduct" under Utah Code Ann. § 58-1-501(2), and may result in license sanctions, up to and including termination of my license.

I agree to furnish any additional documentation that may be required by the Division to verify my representations.

Signature of Applicant	Date
X _____	X _____

**FOR DIVISION USE ONLY**

Based on the above representations and attestation to the Utah Division of Occupational & Professional Licensing, the Division finds that the applicant licensee has met the requirements of Utah Code Ann. § 59-10-1111(4). The Division shall provide a copy of this tax credit certificate issued herein to the applicant licensee and to the Utah State Tax Commission.

**DIVISION APPROVAL:**

\_\_\_\_\_  
PRESIDING OFFICER

\_\_\_\_\_  
DATE

(SEAL)