

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

Tax Credit Attestation: Underserved

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"/> Daggett (1,109) | <input type="checkbox"/> Rich (2,311) | <input type="checkbox"/> Wayne (2,692) |
| <input type="checkbox"/> Piute (1,517) | | |

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)