



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Physician Assistant

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Driver License or State ID Card

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

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1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
-
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
-
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified a physician assistant license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
 Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
 Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____
3. Is any action pending against you now by:
 Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____
4. Yes No Have you been named as a defendant in a malpractice suit?
Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?
5. Yes No

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

UTAH CONTROLLED SUBSTANCE AFFIDAVIT (OPTIONAL)

If you are applying for a controlled substance license, you must read and sign the affidavit below.

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
2. I understand that I may need a written collaborative practice agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
3. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.
4. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: _____ Date: _____

Note: In addition to signing this affidavit, you must complete the items listed on the OPTIONAL CONTROLLED SUBSTANCE LICENSE checklist at the end of this application.

AFFIDAVIT OF COLLABORATION

Utah Code 58-70a-307 outlines the collaborative practice requirements for Utah Physician Assistants. A summary of those requirements is listed below. *Please note, this is an unofficial summary, and it is your responsibility to read and follow the complete requirements found in statute.*

A physician assistant with less than 10,000 hours of post-graduate clinical practice experience shall:

- (a) practice under written policies and procedures established at a practice level that:
 - (i) describe how collaboration will occur in accordance statute
 - (ii) describe methods for evaluating the physician assistant's competency, knowledge, and skills;
- (b) provide a copy of the written policies and procedures and documentation of compliance to the board upon the board's request; and
- (c) except for a physician assistant specializing in mental health care*, engage in collaboration with a physician for the first 4,000 hours of the physician assistant's post-graduate clinical practice experience.

A physician assistant* who has more than 4,000 hours of practice experience and less than 10,000 hours of practice experience shall enter into a written collaborative agreement with:

- (i) a physician; or
- (ii) a licensed physician assistant with more than 10,000 hours of practice experience in the same specialty as the physician assistant.

The collaborative agreement shall:

- (i) describe how collaboration under this section and Subsections 58-70a-501(2) and (3) will occur;
- (ii) be kept on file at the physician assistant's practice location; and
- (iii) be provided by the physician assistant to the board upon the board's request.

*Separate criteria apply to Physician Assistants who engaged in mental health care, see Utah Code 58-70a-501.1 or the Physician Assistant-Specializing in Mental Health Application found on our website for additional information.

I have read and understand the collaborative practice requirements in Utah outlined in statute. I understand that it is my responsibility to ensure that proper written collaboration agreements are available upon Division request, and that I may be asked to provide documentation of my post-graduate clinical practice experience.

Signature of Applicant: _____ **Date:** _____

TEMPORARY LICENSE (OPTIONAL)

Temporary licensure is an optional license available for applicants who have not previously passed the PANCE only. Please see the checklist at the end of this application for additional instructions.

Applicant's

Name: _____

Name of Clinic: _____

Supervising Physician: _____ **License Number:** _____

Clinic Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

To be completed by the applicant:

I hereby certify that I will not practice until I have been granted a temporary license, and will cease practice upon the expiration of the license. Once the temporary license has been issued, I will only practice under the direct supervision of my supervising physician or substitute supervising physician as outlined in UCA 58-70a-306 (2)(c)

Signature of Applicant: _____ **Date:** _____

To be completed by the supervising physician:

I certify that I am licensed in good standing and will provide direct supervision to the above named applicant as outlined in UCA 58-70a-306 (2)(c). I understand that I am responsible for their activities and services performed, and that once issued their temporary license to practice is valid for only 120 days. I understand that the applicant cannot work without a valid temporary license, either before it is issued or after it expires.

Signature of Supervisor: _____ **Date:** _____

Certification of Completion of Physician Assistant Education

This form may be used in lieu of transcripts to document completion of an approved PA program. It must be completed by an official representative of the school and bear the school's official seal. Additionally, it must be sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Accredited Physician Assistant Program Official Representative

Name of Institution: _____

Institution Address: _____
Street/PO Box City State/Zip

Telephone Number _____ **Email:** _____

Accrediting Body: _____ **Accreditation Date:** _____

I attest that the above named applicant attended this physician assistant program from:

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

and graduated on: _____
MM/DD/YYYY

Signature of Official Program Representative: _____

Printed Name: _____ **Title:** _____

Signed and the school seal affixed this _____ day of _____, 20_____.

{School Seal}

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- \$180.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires.

LICENSURE BY APPLICATION

If applying for **Licensure by Application**, *in addition* to the items required for all applicants, you must submit:

- Documentation of meeting the education requirements. Submit one of the following:
 - Official transcripts documenting a degree from a physician assistant school accredited by the Accreditation Review Commission of Education for the Physician Assistant (ARC-PA).
NOTE: Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
 - OR**
 - Certification of Completion of Physician Assistant Education form found in this application.
- Request official documentation from NCCPA of a passing score on the PANCE or PANRE be sent directly to DOPL. Please contact NCCPA via their website, www.nccpa.net.

LICENSURE BY ENDORSEMENT

If you are currently licensed in *good standing* as a physician assistant in [a state, territory, or district of the United States deemed equivalent to a Utah license](#) and have at least one year of licensed experience, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from [a jurisdiction](#) designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved states.
Note: If your state is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.

OPTIONAL CONTROLLED SUBSTANCE LICENSE

If your practice in the state of Utah will include administering, possession, or prescribing of controlled substances, you must apply for a Utah Controlled Substance License by submitting the following:

- \$100.00 non-refundable application processing fee, made payable to "DOPL".
- Complete the "Utah Controlled Substance Affidavit" found in this application.

***NOTE:** In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

OPTIONAL TEMPORARY LICENSURE

If you meet all the requirements for licensure but have not yet passed the PANCE, you *may* apply for temporary licensure. In addition to the items required for all applicants, you must submit the following:

- \$50.00 non-refundable Temporary Physician Assistant application fee.
- Completed "Temporary License" section of this application.

Submit the above items with your completed application to:

In person or via express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741