

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

Licensed APRN: Addition of Psych Mental Health Specialty

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 authorization to work 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 Occupational and 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: _____

PSYCHIATRIC MENTAL HEALTH NURSING SPECIALTY

I understand it is required that I complete 3,000 hours of post-certification clinical practice. I understand that to qualify for renewal:

- if renewing less than two years after the day on which the division originally issued the license, demonstrate satisfactory progress toward completing the clinical practice;
- OR**
- have completed the clinical practice requirements.

Signature of Applicant: _____ Date _____

Note: The "Verification of Supervised Experience" form is available for download from our website, www.dopl.utah.gov

APPLICATION CHECKLIST AND INSTRUCTIONS

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

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.

NOTE TO ALL APPLICANTS: Your application will only be held in an incomplete status for 30 days. If you will not have all items submitted to DOPL within 30 days, your application will be denied. Please do not submit your application until all items are available (e.g. received a passing score on the NBPT, verification for other states requested).

ALL APPLICANTS

If you are currently licensed as an APRN, you may apply to add a Psych Mental Health Specialty to your license. The following items are needed to complete this application:

- Official transcripts documenting completion of an educational program that meets one of the pathways to licensure outlined in 58-31b-302(4) and R156-31b-301c. **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 flap. Transcripts can be sent via secure email from your school's registrar office to doplbureau7@utah.gov.*
- Board Certification – Official documentation of passing the required examination and holding current certification as outlined in 58-31b-302 and R156-31b-302c.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741