



**Physical Therapist:
Addition of Trigger Point Dry Needling Specialty**

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

Other DOPL Licenses Held: _____

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

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

AFFIDAVIT AND RELEASE

I certify that I have completed the education and training as required in Utah Code 58-24b-505.
 I understand that in order to qualify for the Trigger Point Dry Needling Specialty, I must have held a Utah license and practiced physical therapy for at least two years.
 I understand that I am responsible to update the Department of any changes relating to my application/ license/certification/registration.
 I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

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.

Requirements

The following items are required to complete your application:

- \$50.00 non-refundable application processing fee, made payable to "DOPL".
- Certificate of Completion from an approved Trigger Point Training Course
- Letter or patient log verifying completion of 250 supervised patient treatment sessions.

If you have questions, please contact the Division at 801-530-6628 or by email: b9@utah.gov.

Do not send applications or payments to this email.



PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____