

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

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

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: _____

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

If you identified a [radiology practical technician](#) or [radiologic technologist](#) 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?

5. Yes No 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?

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.

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

All applicants are required to submit following items to complete the application:

- \$70.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.

RADIOLOGY PRACTICAL TECHNICIAN

If applying as a Radiology Practical Technician, *in addition* to the items required for all applicants, you must:

- Obtain a passing score on the ARRT Limited Scope (core and at least one additional section) or ARRT Bone Densitometry Equipment Operators exam. **If you have not already passed the exams DO NOT SUBMIT THIS APPLICATION, please see the exam information found on our website at www.dopl.utah.gov/rad/.**

Note: If you passed these exams for another state, you must request the state you tested for send official verification of your scores to Utah.

RADIOLOGIC TECHNOLOGIST

If applying as a Radiologic Technologist, *in addition* to the items required for all applicants, you must:

- Submit a copy of your ARRT Certification or a copy of your NMTCB Certification.

RADIOLOGIST ASSISTANT

If applying as a Radiologist Assistant, *in addition* to the items required for all applicants, you must:

- Submit official transcripts documenting completion of your bachelor's degree. **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.
- Submit a copy of your certification as a radiologist assistant by ARRT or certification as a radiology practitioner assistant by CBRPA.

LICENSURE BY ENDORSEMENT

Some applicants may qualify for an alternate pathway to licensure by endorsement. Applicants who have held a license in another state, district, or territory of the United States that has a similar scope of practice may request licensure by endorsement if:

- after being licensed outside of this state, the person has at least one year of experience in the state, district, or territory of the United States that has been deemed an equivalent jurisdiction ([see our website](#)); and
- the person's license is in good standing in the state, district, or territory of the United States where the license was issued

To apply by endorsement, the following items are required to complete your application

- \$70.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See pages 2 and 3 of the application for more information.
- Official verification of your license in another approved jurisdiction that meets the qualifications outlined above.

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

If you have questions, please contact the Division via our direct email address, B8@utah.gov, or via the phone or fax number listed below. **We will NOT accept applications or payments via email.**