



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Temporary Respiratory Care Apprentice Application

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: _____

Note: All Division notices and communication will be sent to this 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 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: _____

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: _____

Profession: _____ License Number: _____

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

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.

TEMPORARY RESPIRATORY CARE PRACTITIONER APPRENTICE LICENSE AFFIDAVIT

1. I certify that I have met all Respiratory Care Practitioner license requirements, except graduating from an approved education program as defined in Utah Code Section 58-57-4 and passing the NBRC-CRT or NBRC-RRT, as follows:
 - I am enrolled in my final year or culminating experience of an accredited associate or baccalaureate respiratory care program (as defined in Utah Code Section 58-57-4).
 - I am currently in good academic standing.
 - I have asked my Dean or appointed Program Representative to complete the Certification of Academic Status of Respiratory Care Education form.

2. I understand and agree that:
 - this Temporary Respiratory Care Apprentice license is non-renewable, but may be extended by the Division upon notice to me.
 - this Temporary Respiratory Care Apprentice license will expire one year after issuance.
 - if I graduate from an approved Respiratory Care education program as defined in Utah Code Section 58-57-4 and pass the NBRC-CRT or NBRC-RRT, I will submit an application to become licensed as a Respiratory Care Practitioner, and my temporary Respiratory Care Apprentice license will be superseded upon issuance of my Respiratory Care Practitioner license.

3. I understand that while I hold this Temporary Respiratory Care Apprentice license I must practice under the **INDIRECT SUPERVISION** of a Utah licensed Respiratory Care Practitioner or Medical Doctor (MD or DO).

"Indirect supervision" means the supervising licensee has given either written or verbal instructions to the person being supervised, is present in the facility in which the person being supervised is providing services, and is available to provide immediate face-to-face communication with the person being supervised as necessary.

4. I understand that my Temporary Respiratory Care Apprentice license will only be valid in Utah.

5. I have reviewed and certify that I will abide by the laws and rules that govern the practice of my profession.

Signature of Applicant: _____ Date: _____

Certification of Academic Status of Respiratory Care Education

This form may be used in lieu of transcripts to document the academic status of a student who:

- is enrolled in their final year or culminating experience of an accredited associate or baccalaureate respiratory care program (as defined in Utah Code Section 58-57-4); and
- is currently in good academic standing.

It **MUST** be completed by an official representative of the school AND bear the schools official seal.

Additionally, **this form MUST be emailed directly from the school to DOPL at B8@utah.gov** 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 Dean or appointed 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 is enrolled in their final year or culminating experience of an accredited associate or baccalaureate Respiratory Care program (as defined in Utah Code Section 58-57-4) and is currently in good academic standing.

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

Graduation Date (or anticipated date): _____
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 are required to submit the following items to complete their application:

- Supporting documentation for any “yes” answers provided on the either of the qualifying questionnaires.
- Completed Certification of Academic Status of Respiratory Care Education form found in this application.
Note: The form must be completed by the Dean or appointed Program Official and bear the seal of the school. It must be sent directly to the Division, or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If received unsealed from the applicant, it will be rejected.

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.**