



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

STATEMENT OF THIRD-PARTY MEDICAL RECORD SERVICES

Initial Information Updated Information

LICENSEE INFORMATION

Full Legal Name: First Middle Last

Utah Professional License Number: -

THIRD-PARTY MEDICAL RECORD SERVICE

Business Name:

Phone: () - Fax: () -

Email:

Website:

Mailing Address:

City: State: Zip:

ATTESTATION

- 1. I understand that it is the continuing responsibility of all licensees to read, understand, and apply all statutes and rules pertaining to the profession for which they are licensed. I understand that failure to do so may result in civil, administrative, or criminal sanctions.
2. I understand that in accordance to Utah Code § 78B-5-618, I am responsible to update the Division of any changes relating to the information I am submitting in this statement.

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

Licensee Signature

Date

Submit 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

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

~ or ~

Submit by email to: doplweb@utah.gov

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