UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

AFFIDAVIT OF PRACTICE *for* CSD DESIGNEE

APPLICANT INFORMATION:

Applicant's Name: _____ _____ _____
First Middle Last

Phone: (_____) _____– _____ Email: _____

PRACTITIONER INFORMATION:

Licensed Practitioner: _____ _____ _____
First Middle Last

DOPL License Number: _____ DEA Number:_____

Name of Practice Establishment:_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ –_____ Fax: (_____) _____–_____

Email: _____

ACKNOWLEDGEMENT:

TO BE COMPLETED BY THE DESIGNEE APPLICANT:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of accounts and passwords are strictly prohibited.

I understand that I must select the correct Practitioner for each search, and that failure to do so is a violation.

I understand that the Division will complete a search of available criminal court records.
(*See "Additional Information on Background Checks" located on the Checklist.*)

I understand that misuse of the Controlled Substance Database may result in criminal and civil action under Utah Code § 58-37f-601.

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

Signature of Designee Applicant: _____ Date: _____

TO BE COMPLETED BY THE PRACTITIONER:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of account and passwords are strictly prohibited.

I understand that by submitting this application, I am authorizing the individual identified as "Applicant" above to have access to the Controlled Substance Database on my behalf. I understand that I am responsible for their usage of the database, and ensuring they comply with the statutes and rules associated with usage of the Database.

I further understand that it is my responsibility to notify the Division when this individual is no longer authorized to access the Database on my behalf.

Signature of Practitioner: _____ Date: _____