

Division of Occupational & Professional Licensing P.O. Box 146741, Salt Lake City, Utah 84114-6741 www.dopl.utah.gov

RENEWAL/REINSTATEMENT FORM

- 22200						
LICENSE NUM	IBER OCC	UPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS	
Please fill in:		Genetic Counselor	\$138.00	9/30/2022	Additional fees are required after expiration. See reverse for details.	
↓ NA	ME AND AD	DRESS OF RECORD \$\diamonup\$	↓ AD	DRESS / PHONE (CORRECTION ↓	
Name:						
Address:			ls th	Is this a new address? Yes No		
		State:Zip:				
Phone: ()			This address will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your address		
Email:			changes, notify l	changes, notify DOPL directly. Do not rely on a postal service forwarding order. Submit changes at www.dopl.utah.gov		
OUALIFYING	OUESTION	NAIRE Answer "YES" or "NO"	for each question.	Do not leave any question	on blank.	
Please note that false,	misleading, or fraud	ulent answers may result in loss of licensure such as driving while impaired or intoxicated must b	and/or criminal prosect	ıtion and are subject to rand	om audit.	
	1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?					
☐ Yes ☐ No 2	Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?					
☐ Yes ☐ No	3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?					
☐ Yes ☐ No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?					
If you answ	wered "YES" to q	uestion 1, 2, 3 or 4 above, see #1A on pa	age two for instructio	ns on additional requirer	nents.	
AFFIDAVIT /	SIGNATURE	Read the following carefully. Si	gn below <u>or f</u> ollow t	he instructions as indica	ted.	
I also certify that I license. I understand I further certify th reinstatement of this omission of material	I have completed or well that I may be subject at I am the licensee delicense. To the best of fact. I understand that	am a United States citizen or a qualified alien vill complete all renewal requirements, if applicate audit by DOPL of having met these requires escribed and identified in this application for lift in this application for lift in this application will be classified as a publication to return this application will be classified as a publication to return the Gorean controlled, private, or protected under the Gorean application will be classified as a publication will be classified as a publicati	cable, including those speciments. cense renewal / reinstater this application is completed and will be availated.	nent. I am qualified in all respete and correct, and is free of ble for inspection by the publi	ects for the renewal or fraud, misrepresentation, or ic, except with regard to the	
State: I am a citical a legible color I am a non State: I am a non Please atta	License/State I zen of the United S opy of your valid p r-citizen of the Uni License/State I r-citizen of the Uniach a legible copy of	States currently living outside the United bassport or other documentation to verify ted States, who is lawfully present in the	States and do not have you are a legal citizer. United States and I hat United States and I do	of the United States. Eve a valid US Driver Lices O not have a valid US Drive	nse or US State ID. er License or US State ID.	
Social Secu	rity Numbe	er				
Signature:		Date	e: / /	(If unable to sign, see #1B on page 2 for	· instructions.)	

RENEWAL REQUIREMENTS

Specific to your occupation / profession:

In accordance with Subsection R156-75-304, during the past two years, you must have completed at least 40 hours of continuing education (4 CEUs). Acceptable courses must be approved for recertification purposes by the American Board of Genetic Counseling (ABGC). If you received your initial license during the current renewal cycle, you must only complete a pro-rata amount of qualified professional education for the time you were actually licensed. DO NOT submit documentation of your completed hours unless you are audited and requested to do so.

<u>Unlawful Conduct:</u> Your license will automatically expire unless you renew it prior to its expiration date. If your license expires, you may not practice until a new license is issued. Subsection 58-1-501(1)(a) and Section 58-1-502, U.C.A., make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration of your license.

(If unable to sign, see #1B on page 2 for instructions.)

ADDITIONAL REQUIRED DOCUMENTATION:

- A) If you answered "yes" to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation including a personal narrative and any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement for each and every arrest, charge, and/or conviction.
- B) If you cannot sign the Affidavit on the first page of this renewal, you must submit a complete written explanation of why you cannot sign. If applicable, this explanation must include the reasons you have not or will not complete the continuing education requirements before the expiration or reinstatement of your license. DOPL personnel will reach a renewal decision on a case-by-case basis after a thorough review of your explanation. Additionally, you may be requested to provide additional information if the documentation submitted is insufficient.

CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL:

Answer all four of the certification questions on page 1 and provide additional documentation, if applicable (#IA above).
Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign (#1B above).
Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
Sign your check or money order. DO NOT SEND CASH. (Make checks or money orders payable to "DOPL.")
Enclose documentation of your legal name change, if applicable. (See #3 below).
Mail all fees, forms, and documentation to DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

LEGAL NAME CHANGE: If your legal name has changed, you must verify the change by submitting a copy of a marriage certificate, divorce decree, court order, social security card, or contractor name change form. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

ADDRESS CHANGE: You are responsible to notify DOPL of address changes as they occur. Do not rely on postal service forwarding orders to provide DOPL with this information. Submit changes online at www.dopl.utah.gov. If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of the change: (801) 530-4849.

TIMELY RENEWAL: You are responsible to comply with all renewal / reinstatement requirements stated in statute and rule. Your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to immediately submit a completed Application for License Renewal / Reinstatement. You can save time by renewing online at www.dopl.utah.gov where you can immediately print out a confirmation of renewal.

APPLICATION APPROVAL: Your application will be approved unless you do not meet the renewal / reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by DOPL. Those selected for audit will be notified. Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

NON-REFUNDABLE FEES: Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Please be aware that simply paying the fees does not mean that your license will be automatically renewed unless you meet the current renewal requirements and thereby qualify for a renewed license.

REINSTATEMENT FEES: If you fail to timely renew your license, you will be subject to the following conditions:

- A) If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$20.00 for **EACH** license being reinstated.
- B) If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$50.00 for **EACH** license being reinstated. (*Reinstating Lien Recovery Fund members must also submit another \$50.00 in addition to any special LRF assessments.)*
- C) Fees are subject to change each July 1. If listed, the fees on the application are current at the time printed. Please verify the current fee at www.dopl.utah.gov if applying for reinstatement more than one year following expiration of your license.

NOTICE: If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308g(3). Contact DOPL for assistance if reinstating after two years of expiration.

ON-LINE RENEWAL INFORMATION: Most professional licenses can be renewed on-line at www.dopl.utah.gov by using a credit or debit card and a unique "Renewal ID Number" (similar to a pin number). This timesaving system allows a renewing licensee to immediately print out a confirmation of renewal that is as valid as a license certificate and can be used until a renewed license certificate arrives by mail within two weeks. Contact DOPL if you do not have a renewal ID number.

TAX ID NUMBER: The Tax ID Number for the Division of Occupational and Professional Licensing is 87-6000545.