

RENEWAL/REINSTATEMENT FORM

Subsection $\underline{58\text{-}1\text{-}501(1)(a)}$ and Section $\underline{58\text{-}1\text{-}502}$, U.C.A., make it unlawful and punishable as a

criminal offense to practice your occupation or

profession beyond the expiration of your license.

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEW	AL FEE	EXPIRATION DATE	REINSTATEMENTS	
Please fill in:	Naturopathic Physician	\$113.00		May 31 st of even years.	Additional fees are required after expiration. See reverse for details.	
↓ NAME AND AI	DDRESS OF RECORD↓	$\downarrow A$	ADDRE	SS / PHONE CO	DRRECTION ↓	
lame:			le thi	s a new address	? □ Yes □ No	
ddress:			13 (111	s a new address		
			This in	formation will be used	d for all correspondence	
ity:	State: Zip:		from DOPL. You may use a business address or PC			
Phone: () -	Country:				ess. If your mailing or ify DOPL directly. For	
none. ()	Country				service forwarding order.	
mail:				changes to <u>doplweb</u>		
	STIONNAIRE Answer "YES" or "	"NO" for e	each que	stion Do not leave	any question blank	
	eading, or fraudulent answers may result in los					
For questions 1 - 4 below, motor vehicle	e offenses such as driving while impaired or intoxicated must	be disclosed, bu	<u>it minor traffic o</u>	ffenses such as parking or speed	ding violations do not need to be listed.	
Yes No 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?						
Dyes DNs 2. Sinc	ce the last renewal or issuance of this license ha					
3 Sin/	jurisdiction? ce the last renewal or issuance of this license ha	ave vou surre	endered or h	nad any disciplinary action	n taken against a	
☐ Yes ☐ No ☐ licer	nse to practice in a regulated profession?	•				
	you currently under investigation or is any disci agency?	iplinary, adm	inistrative, c	r criminal action pending	against you now by	
	TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1	A ON PAGE	TWO FOR	INSTRUCTIONS ON AD	DITIONAL REQUIREMENTS.	
Please Select ONE:						
	es citizen OR a non-citizen of the United		ho is lawfu	ılly present.		
•	onal not physically present in the United					
□ None of the above	e (please explain):					
Driver's License o	or State ID card: State of issue	ID/Licen	se Number		opiration date	
	old a US Driver's license or a US State ID, y				•	
	nts(s) showing evidence of lawful presence			,,,	•	
AFFIDAVIT / SIGN.	ATURE Read the following ca	refully. S	ign belov	v or follow the instr	ructions as indicated.	
• I certify under penalty of	perjury that I am a United States citizen or a	qualified al	ien who is l	awfully able to work in t	he United States.	
	completed or will complete all renewal require					
•	cense. I understand that I may be subject to	-		•		
	the licensee described and identified in this a atement of this license. To the best of my kno					
correct, and is free of fra	ud, misrepresentation, or omission of materi	al fact. I und	derstand the	at this application will be	e classified as a public record	
	inspection by the public, except with regard t ernment Records Access and Management				as controlled, private, or	
protoctou arraor arro cor	on management	7100 07 70007				
Social Security Number	er	NPI (/	Vational Prov	rider Identifier)		
Signature:		Date:			#1B on page 2 for instructions.)	
	REMENTS Specific to your license.				Unlawful Conduct: Your license will automatically expire unless you renew it prior to its expiration date.	
	newing Naturopathic Physicians must have			If your license expires	s you may not practice until a	
	ssional education as defined by subsectior during the current renewal cycle, you must			new license is issued		

rata amount of qualified professional education for the time you were licensed.

DO NOT submit documentation of completed hours unless you are audited and

requested to do so.



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 of the certification questions on pages 1 & 2, and provide additional documentation, if applicable (#A & B above).
Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign (#B 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.
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 an updated social security card, passport, driver license, marriage certificate, divorce decree, and/or court order. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

<u>ADDRESS OR EMAIL CHANGE:</u> You must keep your address current with DOPL, including your email address. You cannot rely on postal service forwarding. 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 any change: (801) 530-4849.)

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

<u>APPLICATION APPROVAL</u>: 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. 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. Simply paying the fees does not mean that your license will be automatically renewed.

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

- 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.
- 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.)*
- 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: If you do not already have a **Utah ID**, you will need to create an account. Gather your license number, social security number, debit or credit card, and your Registration Code. Go to utahdoc.mylicenseone.com and follow the directions under Existing License Holders to link your license to your account. Then, follow the online instructions for license renewal. A renewed license, certificate, or registration will be emailed to you the next business day after your online renewal is completed.

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