UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Tax Credit Attestation: Underserved

APPLICANT INFORMATION

Full Legal Name: _____ _____ _____
First   Middle   Last

All Previous Legal Names: _____

DOPL License Number: _____ Initial License Date: _____

Profession: _____ Psychiatric Certification Date: _____

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

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

TAX CREDIT QUALIFICATIONS

I meet the requirements to obtain this tax credit certificate as follows:

1. During the calendar year claimed on this application, I qualified as a "Psychiatrist, or "Psychiatric Mental Health Nurse Practitioner" Utah Code § 58-1-111 (3) & 59-10-1111 (2) - (select one):

   ☐ Psychiatrist:

      In order to qualify for this credit, you <u>must</u> be:

      • Licensed in Utah as a PHYSICIAN (under the Utah Medical Practice Act, Interstate Medical Licensure Compact, or Utah Osteopathic Medical Practice Act); <u>and</u>

      • BOARD ELIGIBLE, or BOARD CERTIFIED, for a psychiatry specialization recognized by the American Board of Medical Specialties (ABMS), or the American Osteopathic Association's Bureau of Osteopathic Specialists.

   ☐ Psychiatric Mental Health Nurse Practitioner:

      In order to qualify for this credit you <u>must</u> be:

      • Licensed under the Utah Nurse Practice Act for the practice of Advanced Practice Registered Nursing: <u>and</u>

      • Hold a certification recognized by the American Nurses Credentialing Center of the ANA as a psychiatric mental health nurse practitioner.

2. By initialing below, I certify that during the calendar year claimed on this application, I provided at least 30 hours or more per week of licensed services in Utah, as defined in Utah Code § 58-1-111 (1)(a) and described in Utah Code § 58-1- 111 (4).

Initial: _____

Department of Commerce • Division of Professional Licensing (DOPL)
Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 Salt Lake City, UT 84114-6741
www.dopl.utah.gov • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511 *v20231207*

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Of my above-described total hours of licensed services in Utah, I devoted 25% or more of these hours to an "underserved population", as defined in Utah Code § 58-1-111 (1) (a) and described in Utah Code § 58-1-111 (4). *(Please check all applicable boxes)*

  □ Native American Indian

  □ Individual(s) located in the county of the third, fourth, fifth, or sixth class, as designated in Utah Code § 17-50-501. (check all applicable counties below):

A county with a population of 40,000 or more but less than 175,000 is a county of the **third class**.	A county with a population of 11,000 or more but less than 40,000 is a county of the **fourth class**.	A county with a population of 4,000 or more but less than 11,000 is a county of the **fifth class**.	A county with a population less than 4,000 is a county of the **sixth class**.
□ Cache (141,700)	□ Wasatch (37,934)	□ Emery (10,035)	□ Rich (2,725)
□ Tooele (79,409)	□ Uintah (36,528)	□ Grand (9,840)	□ Wayne (2,523)
□ Iron (66,044)	□ Sanpete (30,346)	□ Kane (8,387)	□ Piute (1,565)
□ Box Elder (61,250)	□ Sevier (22,164)	□ Beaver (7,314)	□ Daggett (998)
□ Summit (43,492)	□ Carbon (20,655)	□ Garfield (5,141)	
	□ Duchesne (20,112)		
	□ San Juan (14,956)		
	□ Millard (13,484)		
	□ Morgan (13,059)		
	□ Juab (12,766)		

Population Source: State and County Population Estimates for Utah: 2023

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TAX CREDIT LIMIT

I am requesting the tax credit certificate for tax year: _____ .

Have you received this tax credit for any previous years? ☐ YES ☐ NO

If yes, please provide the year(s): _____
        Note: An applicant may claim this tax credit for no more than 10 taxable years.

ATTESTATION

I have read and understand the statute for this tax credit certificate, Utah Code § 58-1-111(4). I understand that this Utah income tax credit is available only to a "psychiatrist or a psychiatric mental health nurse who has devoted a certain amount of working hours providing services to an underserved population in Utah.

Under penalty of perjury, I attest that the information I present herein is true and accurate to the best of my knowledge and understanding.

I understand that providing false representations to the Division would constitute "unprofessional conduct" under Utah Code § 58-1-501(2), and may result in license sanctions, up to and including termination of my license.

I agree to furnish any additional documentation that may be required by the Division to verify my representations.

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

Signature of Applicant: _____   Date: _____

For Division Use Only

Based on the above representations and attestation to the Utah Division of Professional Licensing, the Division finds that the applicant licensee has met the requirements of Utah Code § 59-10-1111(4). The Division shall provide a copy of this tax credit certificate issued herein to the applicant licensee and to the Utah State Tax Commission.

DIVISION APPROVAL:

_____
PRESIDING OFFICER

_____
DATE

(SEAL)

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