



RENEWAL/REINSTATEMENT FORM

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	Physician and Surgeon	\$193.00	January 31st of even years.	Additional fees are required after expiration. See reverse for details.

↓ NAME AND ADDRESS OF RECORD ↓

↓ ADDRESS / PHONE CORRECTION ↓

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Country: _____

Email: _____

Is this a new address? Yes No

This information will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your mailing or email address changes, notify DOPL directly. For mail, do not rely on a postal service forwarding order. Submit changes to doplweb@utah.gov

QUALIFYING QUESTIONNAIRE Answer "YES" or "NO" for each question. Do not leave any question blank.

Please note that false, misleading, or fraudulent answers may result in loss of licensure and/or criminal prosecution and are subject to random audit. (For questions 1 - 4 below, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.)

<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

IF YOU ANSWERED "YES" TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1A ON PAGE TWO FOR INSTRUCTIONS ON ADDITIONAL REQUIREMENTS.

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 - I am a foreign national not physically present in the United States.
 - None of the above (please explain): _____
- Driver's License or State ID card: _____

State of issue

ID/License Number

Expiration date

NOTE: If you do not hold a US Driver's license or a US State ID, you must present a legible copy of your current and valid government issued documents(s) showing evidence of lawful presence in the United States.

AFFIDAVIT / SIGNATURE Read the following carefully. Sign below or follow the instructions as indicated.

- I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.
- I also certify that I have completed or will complete all renewal requirements, if applicable, including those specified below before the expiration or reinstatement of my license. I understand that I may be subject to audit by DOPL of having met these requirements.
- I further certify that I am the licensee described and identified in this application for license renewal / reinstatement. I am qualified in all respects for the renewal or reinstatement of this license. To the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact. I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Social Security Number _____ - _____ - _____

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

RENEWAL REQUIREMENTS Specific to your license:

In accordance with [R156-67-304](#) at least 40 hours of CME are required during each two-year licensure cycle, of which at least 34 hours need to be ACCME category 1 offerings. An ACGME approved residency program meets the continuing education requirement in a pro-rata amount equal to any part of that two-year period. Controlled Substance prescribers must complete at least 3.5 hours of continuing education in classes approved by the Division. Approved Suicide Prevention Training & Controlled Substance Continuing Education Courses can be found at dopl.utah.gov/physician-and-surgeon/resources. **DO NOT** submit documentation of your completed hours unless you are audited and requested to do so.

Unlawful Conduct: 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.



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Name: _____ License Number: _____

Please complete this information and submit it with your renewal application.

DESIGNATION OF CONTACT PERSON FOR ACCESS TO MEDICAL RECORDS

In accordance with Utah Code 58-67-302(1)(i) and 58-67-302(1)(j) and the Federal HIPAA Regulations all physicians licensed in Utah must designate a contact person and an alternate contact person for access to their patients' medical records and provide such information to the DOPL. Each applicant is also required to establish a method of notifying patients of the identity and location of the contact persons (i.e. a phone number or address where patients can obtain their medical records).

If a hospital clinic or other medical facility is the owner of your patients' medical records the facility's records department could be listed as the primary contact. You may list yourself as the primary contact, but you must also provide an alternate contact.

Please note that this statute became law in 2005 due to complaints from patients who could not gain access to their medical records. DOPL's responsibility is to collect each physician's contact information and to provide it to patients upon request. If you have not provided accurate information to DOPL you may be investigated for unprofessional conduct.

Primary Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Alternate Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Please identify the method of notifying patients of location of records: (check all that apply):

Phone Mail In Person Other: _____

ELECTIVE ABORTIONS

Yes No Do you perform elective abortions in Utah in a location other than a hospital?

(For purposes of the immediately preceding question, elective abortion means an abortion other than one of the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of substantial and irreversible impairment of a major bodily function of a woman, an abortion of a fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where the woman is pregnant as a result of rape or incest. 58-67-304(4))

Business Name: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____