

RENEWAL/REINSTATEMENT FORM

U.C.A., make it unlawful and punishable as a criminal offense to practice your occupation or

profession beyond the expiration of your license.

	OCCUPATION / PROFESSION TITL	E RENEW	AL FEE	EXPIRATION DATE	REINSTATEMENTS	
Please fill in:	Physician Assistant	\$133.00		May 31 st of even years.	Additional fees are required after expiration. See reverse for details.	
↓ NAME AND AD	DRESS OF RECORD↓	\downarrow A	ADDRE	SS / PHONE CO	DRRECTION ↓	
ame:			le thi	s a new address	? □ Yes □ No	
ddress:			- Is this a new address: Tes No			
			Box instead of a home address. If your mailing or			
ty:						
none: () Country:						
			mail, do not rely on a postal service forwarding order.			
mail:			Submi	changes to <u>doplweb</u>	<u>@utah.gov</u>	
QUALIFYING QUES'	FIONNAIRE Answer "YES" o	r "NO" for e	each que	stion. Do not leave	any question blank.	
Please note that false, mislea	ding, or fraudulent answers may result in l	oss of licensu	re and/or cr	minal prosecution and a	re subject to random audit.	
1 Since	ffenses such as driving while impaired or intoxicated muthe last renewal or issuance of this licens					
Yes No						
	risdiction?	nave you bee	n charged w	ith or arrested for any leid	ony or misdemeanor in	
	the last renewal or issuance of this license	have you surr	endered or l	nad any disciplinary action	n taken against a	
4 Aro ve	e to practice in a regulated profession? ou currently under investigation or is any dis	sciplinary, adm	ninistrative, c	r criminal action pending	against you now by	
any a	gency?					
	O QUESTION 1, 2, 3 OR 4 ABOVE, SEE	71A ON PAG	E TWO FOR	INSTRUCTIONS ON AD	DITIONAL REQUIREMENTS.	
Please Select ONE: ☐ I am a United States	s citizen OR a non-citizen of the Unit	ed States w	ho is lawfi	ılly present		
	nal not physically present in the Unite		no io iawie	my procent.		
_	(please explain):					
Driver's License or	State ID card: State of issue					
			se Number		piration date	
	l a US Driver's license or a US State ID ts(s) showing evidence of lawful presen			ible copy of your currei	nt and valid government	
AFFIDAVIT / SIGNA	1			v or follow the instr	uctions as indicated.	
	erjury that I am a United States citizen or					
I also certify that I have co.	mpleted or will complete all renewal requ	irements, if a	pplicable, ii	ncluding those specified	below before the expiration	
•	nse. I understand that I may be subject t	-		•		
	e licensee described and identified in this ement of this license. To the best of my k					
correct, and is free of fraud	d, misrepresentation, or omission of mate	erial fact. I un	derstand the	at this application will be	e classified as a public recor	
	spection by the public, except with regard Inment Records Access and Managemer				as controlled, private, or	
protected under the Gover	mment Records Access and Managemer	IL ACL OF TEST		eriaw.		
Social Security Number		NPI (Natio	onal Provide	er Identifier)		
Signature:		_Date:		(If unable to sign, see	#1B on page 2 for instructions.)	
RENEWAL REQUIR	EMENTS Specific to your licens	our license:			Unlawful Conduct: Your license will automatically expire unless you renew it prior to its expiration date. I	
n accordance with <u>Su</u>	bsection R156-70a-304 at leas	st 40 hours	s of	your license expires y	new it prior to its expiration date. I you may not practice until a new	
CME are required during each two-year licensure cycle, of w			ch at	license is issued. Subsection <u>58-1-501(1)(a)</u> and Section <u>58-1-502</u> ,		

audited and requested to do so.

least 34 hours need to be ACCME category 1 offerings.

DO NOT submit documentation of your completed hours unless you are



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.