

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

RENEWAL/REINSTATEMENT FORM

1896	<u></u>				
LICENSE NUMBEI	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS	
Please fill in:	Veterinarian	\$83.00	9/30/2022	Additional fees are required after expiration. See reverse for details.	
↓ NAME	AND ADDRESS OF RECORD \downarrow	↓ AD	DRESS / PHONE (CORRECTION ↓	
Name:					
Address:		ls t	his a new address?	? Yes No	
	State:Zip:				
			This address will be used for all correspondence from DOPL. You may use a		
Email:		changes, notify	business address or PO Box instead of a home address. If your address changes, notify DOPL directly. Do not rely on a postal service forwarding order. Submit changes at www.dopl.utah.gov		
OUALIFYING OU	JESTIONNAIRE Answer "YES" or "NO"	' for each question.	Do not leave any question	on blank.	
Please note that false, mislea (For questions 1 - 4 below, moto	dding, or fraudulent answers may result in loss of licensure or vehicle offenses such as driving while impaired or intoxicated must or	and/or criminal prosec	cution 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. Si	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. Si	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. At	Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?				
	d "YES" to question 1, 2, 3 or 4 above, see #1A on p	age two for instruction	ons on additional requirer	nents.	
AFFIDAVIT / SIC	NATURE Read the following carefully. Si	gn below <u>or follow</u>	the instructions as indica	ted.	
I also certify that I have license. I understand that I I further certify that I ar reinstatement of this licens omission of material fact.	of perjury that I am a United States citizen or a qualified alient completed or will complete all renewal requirements, if applicancy be subject to audit by DOPL of having met these requires the licensee described and identified in this application for lie. To the best of my knowledge, the information contained in I understand that this application will be classified as a publication is classified as controlled, private, or protected under the Go	cable, including those sponents. Icense renewal / reinstate this application is compered and will be avail	ecified below before the expiratement. I am qualified in all respotete and correct, and is free of table for inspection by the public	ects for the renewal or fraud, misrepresentation, or ic, except with regard to the	
	f the United States and I have a valid US Driver Licer License/State ID Number:	se or US State ID.			
☐ I am a citizen o	f the United States currently living outside the United of your valid passport or other documentation to verify			e or US State ID. Please attach	
☐ I am a non-citiz	en of the United States, who is lawfully present in the			nse or US State ID.	
I am a non-citiz Please attach a	cicense/State ID Number:en of the United States, who is lawfully present in the legible copy of your current and valid government issuational not physically present in the United States.				
	y Number				
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RENEWAL REQUIREMENTS

so.

Specific to your occupation / profession:

In accordance with Subsection R156-28-304, during the past 2 years, you must have completed 24 hours of qualified professional education directly related to your professional practice. At least 1 hour of those 24 hours shall be specifically related to recognizing Opioid use and dependency in office staff, clients, and co-workers, and at least 1 hour of the 24, shall be devoted to topics that improve diversity, equity, and inclusion in the veterinary workplace for clients, employees, and recruitment. If you receive your initial license during the current renewal cycle, you must 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

<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.

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 (#1A 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.