

RENEWAL/REINSTATEMENT FORM

Subsection <u>58-1-501(1)(a)</u> and Section <u>58-1-502</u>,

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	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS	
Please fill in:	A.P.R.N.	\$78.00	January 31 st of even years.	Additional fees are required after expiration. See reverse for details.	
↓ NAME AND AD	DDRESS OF RECORD \	↓ ADDRES	SS / PHONE CO	DRRECTION ↓	
ame:		Is this	s a new address	? □ Yes □ No	
ddress:			, a new address	. 100 110	
	State: Zip:	This info	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		
	Country:	email ad mail, do	email address changes, notify DOPL directly. For mail, do not rely on a postal service forwarding order. Submit changes to doplweb@utah.gov		
	STIONNAIRE Answer "YES" or "				
Tor questions 1 - 4 below, motor vehicle ☐ Yes ☐ No	ading, or fraudulent answers may result in loss offenses such as driving while impaired or intoxicated must be the last renewal or issuance of this license as in abeyance to, or entered into a deferred see the last renewal or issuance of this license has jurisdiction? The the last renewal or issuance of this license has see to practice in a regulated profession? To QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1.	be disclosed, but minor traffic offi- have you pled guilty to, entence with respect to an ave you been charged with ave you surrendered or har plinary, administrative, or	ienses such as parking or speed pled no contest to, being felony or misdemeano ith or arrested for any felonad any disciplinary action or criminal action pending	ding violations do not need to be listed. en convicted of, made r in any jurisdiction? ony or misdemeanor in n taken against a against you now by	
☐ I am a foreign nation	es citizen OR a non-citizen of the United conal not physically present in the United e (please explain): The State ID card: State of issue	States.			
	State of issue Id a US Driver's license or a US State ID, y nts(s) showing evidence of lawful presence	ou must present a legil		rpiration date nt and valid government	
AFFIDAVIT / SIGNA	ATURE Read the following car	refully. Sign below	or follow the instr	uctions as indicated.	
I also certify that I have co	perjury that I am a United States citizen or a ompleted or will complete all renewal require ense. I understand that I may be subject to a	ements, if applicable, inc	cluding those specified	below before the expiration	
for the renewal or reinstat correct, and is free of frau and will be available for ir	the licensee described and identified in this a tement of this license. To the best of my kno ad, misrepresentation, or omission of materia aspection by the public, except with regard to ternment Records Access and Management	owledge, the information al fact. I understand that o the release of informa	n contained in this appl t this application will be tion which is classified	ication is complete and e classified as a public record	
Social Security Number	r				
Signature:		Date:	(If unable to sign, see	#1B on page 2 for instructions.)	
In accordance with Subsecti	Specific to your license: on R156-31b-303(3)(b), you must have a cRNs licensed before July 1, 1992 must com	expire unless you renew it prior to its expiration day (b), you must have a current certification in		new it prior to its expiration date. s you may not practice until a	

approved CME and 400 hours of licensed practice during the two year renewal period.

requested to do so.

Approved Suicide Prevention Training can be found at https://dopl.utah.gov/nursing/resources/. DO NOT submit documentation of your completed hours unless you are audited and



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.

<u>ON-LINE RENEWAL INFORMATION</u>: Most professional licenses can be renewed on-line at <u>www.dopl.utah.gov</u> by using a credit or debit card and a unique "Renewal ID Number" (similar to a pin number). This timesaving system allows for convenient license renewal. The updated license should be emailed to the email in your record on the next business day. Contact DOPL if you do not have a renewal ID number.

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



APRN or CRNA Specialty Certification(s): ☐ I hold a current national certification for Psychiatric Mental Health. ☐ I hold a current national certification from the AANPCB, ANCC, AACN, PNCB, NCC, or NBCRNA in a specialty other than Psychiatric Mental Health. ☐ I was licensed prior to July 1, 1992, and therefore am not required to be certified. ☐ I was licensed after July 1, 1992, and I do not hold a currently specialty certification. Please email copies of all of your current APRN or CRNA Specialty Certification(s) to b7@utah.com or submit them with this renewal application.