

RENEWAL/REINSTATEMENT FORM

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	A.P.R.N. or C.R.N.A. & Controlled Substance	\$78.00 \$78.00 \$156.00	January 31 st of even years.	Additional fees are required after expiration. See reverse for details.
↓ NAME AND AI	DDRESS OF RECORD↓		SS / PHONE CO	DRRECTION ↓
Name:		lo thi	s a new address	? □ Yes □ No
Address:		s a new address	? LITES LINU	
City:	from D	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		
Phone: ()	Country:			ify DOPL directly. For
		mail, de	o not rely on a postal t changes to <u>doplweb</u>	service forwarding order. <u>@utah.gov</u>
QUALIFYING QUES	STIONNAIRE Answer "YES" or	"NO" for each ques	stion. Do not leave	any question blank.
Yes No 1. Since a place of the late	eading, or fraudulent answers may result in lose offenses such as driving while impaired or intoxicated must be the last renewal or issuance of this license lea in abeyance to, or entered into a deferred so be the last renewal or issuance of this license has be the last renewal or issuance of this license has to practice in a regulated profession? To question 1, 2, 3 or 4 above, see #* The contact of the United the contact of the United to the last renewal or issuance of this license has to practice in a regulated profession? To question 1, 2, 3 or 4 above, see #* The contact of the United to the contact of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of the United to the last renewal or issuance of this license has a regulated profession? To question? To question? To question? To question? To question?	the disclosed, but minor traffic of the have you pled guilty to entence with respect to a lave you been charged whave you surrendered or have you surr	ffenses such as parking or speed on pled no contest to, be ny felony or misdemeano ith or arrested for any felonad any disciplinary action or criminal action pending INSTRUCTIONS ON AD ally present.	en convicted of, made r in any jurisdiction? ony or misdemeanor in n taken against a against you now by DITIONAL REQUIREMENTS.
AFFIDAVIT / SIGN.	ATURE Read the following ca	arefully. Sign below	v or follow the instr	uctions as indicated.
 I also certify that I have cor reinstatement of my lic I further certify that I am for the renewal or reinstate correct, and is free of fra and will be available for it 	perjury that I am a United States citizen or a completed or will complete all renewal requirecense. I understand that I may be subject to the licensee described and identified in this atement of this license. To the best of my kni- ud, misrepresentation, or omission of mater inspection by the public, except with regard ternment Records Access and Management	ements, if applicable, ir audit by DOPL of havir application for license nowledge, the informatio ial fact. I understand that the release of information	ncluding those specified ng met these requireme enewal / reinstatement. In contained in this appl at this application will be ation which is classified	below before the expiration nts. I am qualified in all respects ication is complete and classified as a public record
Social Security Number				
Signature:	Date:	(If unable to sign, see	#1B on page 2 for instructions.)	
RENEWAL REQUII	REMENTS Specific to your license	<i>:</i>		Your license will automatically new it prior to its expiration date.

In accordance with Subsection R156-31b-303(3)(b), you must have a current certification in your practice specialty. APRNs licensed before July 1, 1992, must complete 30 hours of approved CME and 400 hours of licensed practice during the two-year renewal period. Controlled Substance prescribers must complete at least 3.5 hours of continuing education in classes approved by the Division. Approved Controlled Substance Continuing Education Courses & Suicide Prevention Training can be found at https://dopl.utah.gov/nursing/resources/. DO NOT submit documentation of completed hours unless you are audited and requested to do so.

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 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.
	email copies of all of your current APRN or CRNA Specialty Certification(s) to ah.com or submit them with this renewal application.