UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

## **RENEWAL/REINSTATEMENT FORM**

| LICENSE NUMBER  | OCCUPATION / PROFESSION TITLE   | RENEWAL FEB                                     | E EXPIRATION DATE  | REINSTATEMENTS  |  |
|---|---|---|--|---|--|
| Please fill in:   | Certified Nurse Midwife &<br>Controlled Substance   | \$73.00<br>\$78.00                              | January 31 <sup>st</sup><br>of even years.   | Additional fees are required after expiration. See reverse for details. |  |
|   |   | \$151.00  | -  |   |  |
|   | DDRESS OF RECORD $\downarrow$   | ↓ ADDRI   | ESS / PHONE CO   | JKKECHUN ↓  |  |
| Name:   |   | Is th   | his a new address  | ? 🗆 Yes 🗆 No  |  |
| Address:  |   |   |  |   |  |
|   |   | This i  |  | d for all correspondence  |  |
|   | State: Zip:   | Box i   | Box instead of a home address. If your mailing or  |   |  |
| Phone: ()   | hone: () Country:   |   | email address changes, notify DOPL directly. For mail, do not rely on a postal service forwarding order. |   |  |
| Email:  |   |   | do not rely on a postal<br>nit changes to <u>doplweb</u>   |   |  |
|   |   |   |  |   |  |
|   | Answer "YES" or "<br>eading, or fraudulent answers may result in los  |   |  |   |  |
| For questions 1 - 4 below, motor vehicle  | e offenses such as driving while impaired or intoxicated must   | be disclosed, but minor traffic                 | c offenses such as parking or speed  | ding violations do not need to be listed.)                              |  |
| Yes No 1. Since a pl  | ce the last renewal or issuance of this license<br>lea in abeyance to, or entered into a deferred se  | have you pled guilty<br>entence with respect to | to, pled no contest to, be<br>any felony or misdemeano   | en convicted of, made<br>r in any jurisdiction?                         |  |
| 2. Since  | ce the last renewal or issuance of this license had jurisdiction?   |   |  |   |  |
| 3. Since  | ce the last renewal or issuance of this license ha  | ave you surrendered o                           | r had any disciplinary action  | n taken against a   |  |
|   | <ul><li>license to practice in a regulated profession?</li><li>4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by</li></ul> |   |  |   |  |
| LI Yes LI No any  | agency?   |   |  |   |  |
| Please Select ONE:  | TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1  | A ON PAGE TWO FO                                | R INSTRUCTIONS ON AD   | DITIONAL REQUIREMENTS.  |  |
|   | es citizen OR a non-citizen of the United   | d States who is law                             | fully present.   |   |  |
|   | onal not physically present in the United   |   |  |   |  |
| None of the above   | e (please explain):   |   |  |   |  |
| Driver's License o  | or State ID card:   |   |  |   |  |
|   |   | ID/License Numbe                                |  | piration date   |  |
|   | old a US Driver's license or a US State ID, y<br>nts(s) showing evidence of lawful presence   |   |  | nt and valid government   |  |
| AFFIDAVIT / SIGN  | ATURE Read the following ca   | refully. Sign belo                              | ow or follow the instr   | uctions as indicated.   |  |
| • I certify under penalty of  | perjury that I am a United States citizen or a  | qualified alien who is                          | s lawfully able to work in t   | he United States.   |  |
| <ul> <li>I also certify that I have a<br/>or reinstatement of my lid</li> </ul> | completed or will complete all renewal require<br>cense. I understand that I may be subject to  | ements, if applicable,<br>audit by DOPL of bay  | including those specified  | l below before the expiration   |  |
|   | the licensee described and identified in this a   |   |  |   |  |
| for the renewal or reinsta  | atement of this license. To the best of my kno  | wledge, the informat                            | tion contained in this appl  | ication is complete and   |  |
|   | ud, misrepresentation, or omission of materi  |   |  |   |  |
|   | inspection by the public, except with regard t<br>ernment Records Access and Management   |   |  | as controlled, private, or  |  |
| ,   |   |   |  |   |  |
| Social Security Numbe   | r   |   |  |   |  |
| Signature:  |   | Date:   | (If unable to sign, see  | #1B on page 2 for instructions.)  |  |
|   | <b>REMENTS</b> Specific to your license.  |   | expire unless you rer  | Your license will automatically new it prior to its expiration date.    |  |
| In accordance with Subsect  |   | e If your license expires                       | s you may not practice until a   |   |  |
|   | ation Board, Inc. Controlled Substance pre<br>of continuing education in classes approve  |   | new license is issued  | l.  |  |
| Approved Controlled Substa  | ance Continuing Education Courses & Suic  |   |  | ( <u>1)(a)</u> and Section <u>58-1-502</u> ,                            |  |
|   | <u>ps://dopl.utah.gov/nursing/resources/</u> .<br>tion of your completed hours unless you ar  | e audited and                                   |  | vful and punishable as a actice your occupation or                      |  |
| requested to do so.   | alon of your completed nours unless you ar  |   |  | e <u>expiration of your license.</u>                                    |  |



UTAH DEPARTMENT OF COMMERCE Division of Professional Licensing

## 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*).
- **D** 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.

**ADDRESS OR EMAIL CHANGE:** You must keep your address current with DOPL, including your email address. You cannot rely on postal service forwarding. Submit changes online at <u>www.dopl.utah.gov</u>. (*If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of any change: (801) 530-4849.*)

**<u>TIMELY RENEWAL</u>**: 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 <u>www.dopl.utah.gov</u> 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.