



Controlled Substance Database Designee

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Home Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Office Phone: _____ Cell Phone: _____

Email: _____

**Note: This must be the email used to create your CSD Account.*

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State ID Card:**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
2. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
3. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the access for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
4. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
5. I understand that I am responsible to update the Division of any changes relating to designee status, including termination of the agreement between myself and my practitioner.

Signature of Applicant: _____ Date: _____

AFFIDAVIT OF PRACTICE

NOTE: You must complete a separate form for each practitioner

Applicant's Name: _____

Email: _____

**Note: This must be the email used to create your CSD Account*

Practitioner Information:

Name: _____

DOPL License Number: _____ **DEA Number:** _____

Name of Practice Establishment: _____

Establishment Phone: _____ **Establishment Fax:** _____

Email: _____

**Note: This must be the email used to create your CSD Account.*

Establishment Address: _____

Street Address (including Unit/Ste #) and/or PO Box

City

State

Zip Code

To be completed by the Designee Applicant:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of accounts and passwords are strictly prohibited.

I understand that I must select the correct Practitioner for each search, and that failure to do so is a violation.

I understand that the Division will complete a search of available criminal court records. (See "Additional Information on Background Checks" located on the Checklist.

I understand that misuse of the Controlled Substance Database may result in criminal and civil action (U.C.A. 58-37f-601).

Signature of Applicant: _____ **Date:** _____

To be completed by the Practitioner:

I understand that access to the Utah Controlled Substance Database is issued to individuals only — not to clinics, hospitals, or any other group of individuals. Sharing of account and passwords are strictly prohibited.

I understand that by submitting this application, I am authorizing the individual identified as "Applicant" above to have access to the Controlled Substance Database on my behalf. I understand that I am responsible for their usage of the database, and ensuring they comply with the statutes and rules associated with usage of the Database.

I further understand that it is my responsibility to notify the Division when this individual is no longer authorized to access the Database on my behalf.

Signature of Practitioner: _____ **Date:** _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- Legible copy of your Driver License or State Issued Identification Card.
- "Affidavit of Practice" for EACH practitioner for which you are requesting access (*page 2 of this application*).
- Create a CSD account using the following steps:
 - o Go to: www.csd.utah.gov (this will redirect you to the UtahID sign in screen) **Note:** *this URL is not supported by Internet Explorer.*
 - o Click Create an Account
 - o Enter the email address that will be used for your account, select 'Submit'. **Important: This should match the email address entered on page 1 of this application.**
 - o Check your email for a validation code received from no-reply@utah.gov
 - o Enter your first and last name and create a username
 - o Create a password following the requirements
 - o The system will confirm successful creation of your account and then redirect back to the login screen
 - o Sign in to your account using the information you provided and complete the two-step authentication process
 - o At csd.utah.gov, select Practitioner Staff then enter one of the providers DEA numbers for which you will have access. For State ID, enter your Driver's License or State ID number. The account will become pending for CSD staff review.

If you already have an account with UtahID and want to use the same credentials, you may sign in using that information.

Having trouble? Click [here](#) to view a short UtahID creation tutorial.

Additional Information on Background Checks:

Some criminal behavior may disqualify you from access to the CSD. The Division does not publish a list of disqualifying behavior, but rather reviews each case individually.

If you are aware of a charge that may affect your access, you may submit court dockets, police records, and/or a personal explanation of any charges on your record with this application. While this is not required, it may help expedite the process when a criminal history is present.

Submit your application and required documents to one of the following

Email: csd@utah.gov

or

Fax: 801-530-6315