

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE

REGISTERED NURSE or
LICENSED PRACTICAL NURSE

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

NOTE: An application is valid for up to six (6) months. If you fail to meet all licensure requirements within six months of submission of your application, you will be required to resubmit an application, including all applicable fees.

A. If you are applying for licensure as a new graduate (licensure by examination), complete the following during your last semester of your nursing education program:

1. Submit completed application with fingerprints. See “Additional Important Information” for instructions on how to obtain fingerprints.
2. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$60 application fee for an LPN or RN license, a \$20 surcharge for a BCI fingerprint file search, and a \$20 surcharge for a FBI fingerprint file search.
3. After you graduate / complete your nursing education program, submit an official transcript showing the 1) graduation date and 2) degree obtained and/or completion of your nursing program. To be official, the transcript must bear the school seal. Failure to

submit an official transcript will result in your application being denied as incomplete. If transcripts are not sent directly from the school to DOPL, they must be in an envelope sealed by the school.

B. If you are applying for licensure by endorsement (licensed in another state), complete the following in addition to submitting a completed application:

1. Submit completed application with fingerprints. See “Additional Important Information” for instructions on how to obtain fingerprints.
2. Obtain verification of licensure from a state in which you are currently licensed as a nurse by completing the following steps:
 - a. Go to www.nursys.com to determine if the state from which you are seeking verification of licensure is listed as a participant on the Nursys verification system. If so, follow the directions on the Nursys website to obtain verification of your license through Nursys.
 - b. If the state from which you are seeking verification of licensure is not listed as a participant on the Nursys verification system, use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure.

Request that the verifying state complete the form and mail it directly to DOPL.

NOTE: If applying by endorsement, you DO NOT need to submit transcripts, unless you are a foreign graduate. (*See #3 below.*)

3. If you are a graduate of a foreign nursing school, submit a credentials evaluation from one of the approved credentialing services listed in the “Additional Important Information” section below.
4. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$60 application fee for an LPN or RN license, a \$20 surcharge for a BCI fingerprint file search, and a \$20 surcharge for a FBI fingerprint file search.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as nurse. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Nurse Practice Act
 - Nurse Practice Act Rule
 - Nurse Licensure Compact
 - Nurse Licensure Compact Rule

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).

Electronic fingerprinting is offered to DOPL applicants, with no additional charge, at the DOPL office between 8:00 am and 4:30 pm, Mon-Friday, except holidays. A current government issued picture ID is required (driver's license, state ID, passport, etc.). If you are unable to obtain fingerprints at DOPL's office, fingerprint services are available from most local law enforcement agencies. You are required to submit two (2) blue "Applicant" cards (Form FD-258) with your application; these cards will be provided by the agency that rolls your prints.

REVIEW OF YOUR FBI RECORD: If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

WARNING: If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any license issued to you will be immediately and automatically revoked.

4. **Licensure by Endorsement:** If you are applying for licensure by endorsement, you must have a current, active in good standing license in another jurisdiction.
5. **Nursing Licensure Interstate Compact:** If you currently declare your primary state of residence in one of the Compact states, and if you are currently licensed in good standing in that state, you do not need to apply for licensure in Utah. Under the Interstate Compact, Utah recognizes the licensees of these Compact states.

Compact states have passed legislation to implement an Interstate Compact that recognizes LPN/VN and RN licensure in participating Compact states (*referred to as party states*). More information regarding the Interstate Compact, including a current list of all Compact states, is available on the National Council of State Boards of Nursing web site at www.ncsbn.org.

Under the Interstate Compact you must be licensed in the state in which you reside. You may not be licensed in more than one Compact state at a time. However, if you are also practicing in a non-compact state, you must be licensed in that state. If you are declaring Utah as your home state, you must have a Utah address as your address of record. If you are moving to Utah and declaring Utah as your state of residence, you must provide DOPL with a Utah address within 30 days of arriving in the state.

6. **Reinstatement of Utah License:** If you are reinstating your expired or inactive Utah nursing license, you must submit a complete application for licensure with all applicable fees, including an additional reinstatement fee.
7. **Categories of Nurse Licensure:** Under Utah Law, the following categories of nurse licensure are available: Licensed Practical Nurse, Registered Nurse, Advanced Practice Registered Nurse (*which includes Nurse Practitioner, Clinical Nurse Specialist, and Psychiatric Mental Health Nurse Specialist*), Advanced Practice Registered Nurse-Certified Registered Nurse Anesthetist without prescriptive practice, and Certified Nurse Midwife.

If you desire licensure in a category other than Licensed Practical Nurse or Registered Nurse please obtain the appropriate application at www.dopl.utah.gov.

8. **License Renewal:** All LPN licenses expire January 31 of every even-numbered year. All RN licenses expire January 31 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

9. **Foreign Educated Nurses:** All applicants must submit a credential evaluation from an approved evaluator listed at the end of this section.

Applicants for licensure as a Registered Nurse who have not taken the NCLEX-RN exam must pass the CGFNS exam prior to taking the NCLEX exam and must obtain the required credentials evaluation from CGFNS.

The approved credentialing evaluation services are:

- Commission on Graduates of Foreign Nursing Schools (CGFNS),
3600 Market Street, Suite 400,
Philadelphia, PA 19104-2651,
(215) 349-8767
- The Foundation for International Services, Inc. (FIS),
14926 35th Ave. W. Suite 210
Lynnwood, WA 98087
(425) 248-2255
(425) 248-2262 FAX
e-mail: info@fis-web.com
<http://www.fis-web.com>

Note: If you are seeking an evaluation from the CGFNS, you will need to request the Health Care Professions Course by Course Report.

10. **NCLEX® Examination Registration:** You may register online at www.vue.com/nclex or by phone at 1-866-49NCLEX. You must register using your legal name as it appears on your picture ID. You may also obtain an NCLEX Registration Bulletin from your nursing education program. You should register to take the NCLEX® examination during your last quarter/semester of your nursing education program. Complete the scannable form, according to the instructions, using the codes supplied with the “Candidate Bulletin.” Mail the completed registration form and examination fee in the envelope provided. It is pre-addressed to NCLEX® (Pearson Vue) which is the testing agency for the NCLEX® examination.

11. **NCLEX® Examination Fees:** Mail your **\$200.00** exam fee with the registration form to:

NCLEX	- payable to NCSBN
PO Box 6043	- certified check, cashier check,
Hopkins, MN 55305-6043	or money orders only

12. **NCLEX® Examination Eligibility and Scheduling:** Before you may sit for the examination for which you have registered, you must be made eligible by DOPL.

Once you have submitted an application for licensure to DOPL and have completed an approved nursing education program, DOPL will determine candidate eligibility based on the information contained in the complete application. Completion of a nursing education program is documented by submitting an official transcript that indicates completion of a practical nursing program or conferral of a degree from a registered nurse program.

Once authorized to take the examination, the test company will send you an “Authorization to Test” along with information explaining how to schedule your examination. Please read the information carefully. Once you have received your “Authorization to Test,” call and schedule an appointment to take the examination.

13. **NCLEX® Examination Results:** Within two weeks of taking the examination, DOPL will mail your results to the address listed on the examination registration form. Do not call DOPL to obtain your test results. No results will be released over the phone.

If you fail the examination, you must (1) complete another “NCLEX® Registration Form,” (2) submit another examination fee to the testing company, (3) submit an “Intent to Retake the Examination” form to DOPL (*available at www.dopl.utah.gov*), and (4) reschedule an appointment to take the examination when you have received another “Authorization to Test.”

The examination may only be taken once every 45 days.

14. **Examination Addresses and Telephone Numbers:**

Examination Registration, (866) 496-2539 (*Monday through Friday*), 7:00 a.m. to 7:00 p.m. (CST) -- www.vue.com/nclex

National Council of State Board of Nursing, 111 East Wacker Drive, Suite 2900, Chicago, Illinois 60601, (312) 525-3600 -- www.ncsbn.org

15. **License Issuance:** A license will be printed and mailed to you within three weeks of your receiving a passing score. Do not call DOPL requesting your license number prior to receiving your printed license in the mail.
16. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
17. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov. Please note: the postal service will not forward state mail including a renewal notice. If your address changes, you must contact the Division to change your address of record.
19. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office.
20. **Submit Complete Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

21. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 - Toll-free in Utah
22. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

LICENSED PRACTICAL NURSE (LPN)

REGISTERED NURSE (RN)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved: ____/____/____	
Approved By: _____	
Date License/Certificate Denied: ____/____/____	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. 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 occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___ / ___ / _____

DECLARATION OF PRIMARY STATE OF RESIDENCE:

Primary State of Residence is the state of your declared fixed permanent and principal home for legal purposes; domicile.

Upon issuance of a nursing license in Utah, my primary state of residence will be

_____.

Note: You must provide DOPL with a Utah address within 30 days of arriving in the state.

PROFESSIONAL EDUCATION REQUIREMENT:

Name of School: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: _____

HIGH SCHOOL EDUCATION REQUIREMENT:

Name of School: _____ Date of Graduation: _____

Location: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

IF LICENSED IN ANOTHER STATE:

Licensure Exam Date(s) Taken: _____

IF APPLYING FOR INITIAL LICENSURE:

You must register for the NCLEX® before you can be made eligible to take the exam. See the instructions for details.

LICENSES:

C H E C K A N D C O M P L E T E O N E	<input type="checkbox"/> I do not hold registrations, or certifications issued by any jurisdiction.
	<input type="checkbox"/> List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any health care profession. <i>(Use additional sheets if necessary.)</i>
	Original State of Licensure: _____
	License Number: _____
	Status: _____
	Other Licenses:
	Issuing State: _____
	Profession: _____
	License Number: _____
	Effective Date: _____
License Status: _____	
If you are licensed in another jurisdiction answer “yes” or “no.”	
_____ I have enclosed an official verification of licensure with this application.	
_____ I have requested official verification from NURSYS.	
_____ I have requested the following state to send a verification of licensure directly to Utah.	
Name of State: _____	

BLANK PAGE
(FOR TWO-SIDED PRINTING)

RN/LPN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Continued on the next page.)

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

BLANK PAGE
(FOR TWO-SIDED PRINTING)

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

NOTE: Use this form only if you cannot obtain verification of licensure through Nursys!

PART 1 - TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are currently licensed as a nurse. Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application. We recommend you contact the state in which you are seeking a licensure verification to determine if that state charges a verification fee.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a(n) _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is ___/___/___

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

Date of Signature: ___/___/___

(Continued on the next page.)

PART 2 - TO BE COMPLETED BY THE CURRENT STATE OF LICENSURE:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Classification of License Issued: _____

Multistate Practice Privilege: Yes No

License Number: _____ Current Status: _____

Original Date of Licensure: ___/___/___ Expiration Date: ___/___/___

Continuously Licensed:

Yes No, please explain: _____

Licensed By:

Exam, Type: _____ Date: _____

Endorsement, from what state? _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

No Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date of Signature: ___/___/___