

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**INACTIVE LICENSE FOR  
APRN, APRN-CRNA, AND CNM**

**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.**

**SUPPORTING DOCUMENTS AND FEES:**

1. Submit the license and wallet copies of the license you wish to make inactive by stapling them to this application.
2. Submit a **\$50.00** non-refundable application-processing fee, made payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Inactive Eligibility:** Inactive status is only available for APRN, APRN-CRNA, and CNM licenses. A license to practice as an RN or LPN cannot be made inactive. An RN or LPN license can be renewed upon completion of 30 hours of approved continuing education and submittal of a renewal application and fee.
2. **May Not Practice:** In accordance with 58-1-305(2), “.....an inactive licensee has no right or privilege to engage in the practice of the licensed occupation or profession.”
3. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your license. The following applicable laws and rules are available at [www.dopl.utah.gov](http://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 Rules
  - Nurse Midwife Practice Act
  - Nurse Midwife Practice Act Rules
4. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

5. **Renewal of Inactive License:** Inactive licenses must be renewed according to the normal renewal schedule and fee. Renewal information will be sent to your last known address.
6. **Fee Refund:** DOPL will not refund any license or renewal fees previously paid.
7. **To Activate an Inactive License:** To activate a license which has been inactive for five years or less, you must apply for activation, document that you meet the current renewal requirements, and pay the \$50.00 activation fee.

To reactive an APRN, APRN-CRNA, or CNM license that has been inactive for more than five years, you must document one of the following:

- active licensure in another state or jurisdiction
- passing the required licensure examination within six months prior to making application for reactivation (NOTE: An applicant seeking reactivation of a CNM license may complete an approved refresher program in lieu of the examination.)

8. **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](http://www.dopl.utah.gov).
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e., marriage license, divorce decree, etc.).
10. **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 – but not over the telephone.
11. **Submit Completed Application to:**

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

12. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

# APPLICATION FOR INACTIVE LICENSURE

License You Want to Inactivate: \_\_\_\_\_

License Number: \_\_\_\_\_ \* *Attach the wall and wallet licenses to this application.*

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>			
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. <i>(Use additional sheets if necessary.)</i>			
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:

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

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure or certification or registration in the State of Utah.

I am qualified in all respects for the license/certificate/registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

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

I authorize all persons, institutions, organizations, 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.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_ / \_\_\_ / \_\_\_

Printed Name of Applicant: \_\_\_\_\_