

Licensee Certification of Receipt of MOU/Stipulation

Case #: _____

DOPL
ATTN: COMPLIANCE UNIT
PO BOX 146741
SALT LAKE CITY UT 84114-6741

I, (*print name and profession*) _____, hereby certify that I have informed my: (*Check one, use and submit additional copies of this form as needed.*)

- Employer Representative
- My Prescribing Practitioner
- My EAP (Employee Assistance Program) counselor
- Practice Associate/Peer Monitor
- Supervisor
- Spouse or Significant Other
- Other: _____

of my probationary status with the Division of Occupational and Professional Licensing. I have provided them a copy of my Stipulation and Order/Memorandum of Understanding which was signed on (*date*) ___/___/___ and is for a term of _____ years from that date.

Signature: _____ Signature Date: ___/___/___

Printed Name: _____

(*This section to be completed by the appropriate entity listed above.*)

VERIFICATION OF RECEIPT OF MOU/STIPULATION

I, (*print name*) _____, representing (*entity*) _____,

do hereby verify that the above named individual has provided me a copy of their Stipulation and Order/Memorandum of Understanding with the Department of Occupational and Professional Licensing, and that I have verified the dates as indicated and reviewed the basic requirements of the Agreement as it may regard my reporting requirements concerning the probationer, ***including any restrictions that have been placed on the licensee.***

Signature: _____ Signature Date: ___/___/___

Printed Name: _____ Title: _____

e-mail address: _____ Phone Number: _____