

CERTIFICATION OF NOTIFICATION OF URAP PARTICIPATION

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

LICENSEE CERTIFICATION OF NOTIFICATION OF URAP PARTICIPATION

I, *(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

of my status as a participant in the Utah Recovery Assistance Program (URAP). I have shown them a copy of my Diversion Agreement which was signed on *(date)* _____ and is for a term of _____ years from that date.

Signature: _____ Signature Date: ___/___/___

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

VERIFICATION OF NOTIFICATION

I, *(name)* _____, representing *(entity)* _____, do hereby verify that the above named individual has shown me a copy of their Diversion Agreement 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 said Participant.

Signature: _____ Signature Date: ___/___/___

Printed Name: _____ Title: _____

e-mail address: _____ Phone Number: _____