Division of Occupational & Professional Licensing
P.O. Box 146741, Salt Lake City, Utah 84114-6741
www.dopl.utah.gov

RENEWAL/REINSTATEMENT FORM

LICENSE NUMBER	OCCUPATION / PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	**Podiatric Physician** **Controlled Substance**	**$103.00** **78.00** **181.00**	**9/30/2016**	Additional fees are required after expiration. See reverse for details.

NAME AND ADDRESS OF RECORD

Name:_____

Address: _____

City:_____State:_____Zip: _____

Phone: (_____) _____-_____

Email: _____

ADDRESS / PHONE CORRECTION

Is this a new address? D Yes D No

This address will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your address changes, notify DOPL directly. Do not rely on a postal service forwarding order. Submit changes at www.dopl.utah.gov

QUALIFYING QUESTIONNAIRE

Answer "**YES**" or "**NO**" for each question. Do not leave any question blank.

Please note that false, misleading, or fraudulent answers may result in loss of licensure and/or criminal prosecution and are subject to random audit.

(For questions 1 - 4 below, motor vehicle offenses such as driving while impaired or intoxicated **must** *be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.)*

☐ Yes ☐ No	1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?
☐ Yes ☐ No	2. Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?
☐ Yes ☐ No	3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?
☐ Yes ☐ No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

If you answered "YES" to question 1, 2, 3 or 4 above, see #1A on page two for instructions on additional requirements.

AFFIDAVIT / SIGNATURE

Read the following carefully. Sign below or follow the instructions as indicated.

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

I also certify that I have completed or will complete all renewal requirements, if applicable, including those specified below before the expiration or reinstatement of my license. I understand that I may be subject to audit by DOPL of having met these requirements.

I further certify that I am the licensee described and identified in this application for license renewal / reinstatement. I am qualified in all respects for the renewal or reinstatement of this license. To the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact. 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 am a citizen of the United States and I have a valid US Driver License or US State ID.
  State:_____ License/State ID Number: _____
- ☐ 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.
- ☐ 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.
  State:_____ License/State ID Number: _____
- ☐ 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.
- ☐ I am a foreign national not physically present in the United States.

Social Security Number_____-_____-_____

Signature:_____**Date:**_____/_____/_____ *(If unable to sign, see #1B on page 2 for instructions.)*

RENEWAL REQUIREMENTS

Specific to your occupation / profession:

In accordance with Subsection R156-5a-304, during the past 2 years, you must have completed 40 hours of qualified continuing professional education directly related to your professional clinical practice; 40 hours maximum for teaching, 10 hours maximum for reading, and 6 hours maximum from DOPL. If you received your initial license during the current renewal cycle, you must only complete a pro-rata amount of qualified professional education for the time you were actually licensed. DO NOT submit documentation of your completed hours unless you are audited and requested to do so.

Unlawful Conduct: Your license will automatically expire unless you renew it prior to its expiration date. If your license expires, you may not practice until a new license is issued. Subsection 58-1-501(1)(a) and Section 58-1-502, U.C.A., make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration of your license.

1. ADDITIONAL REQUIRED DOCUMENTATION:

A) If you answered "yes" to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation – including a personal narrative and any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement – for each and every arrest, charge, and/or conviction.

B) If you cannot sign the Affidavit on the first page of this renewal, you must submit a complete written explanation of why you cannot sign. If applicable, this explanation must include the reasons you have not or will not complete the continuing education requirements before the expiration or reinstatement of your license. DOPL personnel will reach a renewal decision on a case-by-case basis after a thorough review of your explanation. Additionally, you may be requested to provide additional information if the documentation submitted is insufficient.

2. CHECKLIST FOR TIMELY RENEWAL / REINSTATEMENT BY MAIL:

- ☐ Answer all four of the certification questions on page 1 and provide additional documentation, if applicable *(#1A above).*
- ☐ Sign the Affidavit on page 1 or submit a complete explanation of why you cannot sign *(#1B above).*
- ☐ Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
- ☐ Sign your check or money order. **DO NOT SEND CASH.** *(Make checks or money orders payable to "DOPL.")*
- ☐ Enclose documentation of your legal name change, if applicable. *(See #3 below).*
- ☐ Mail all fees, forms, and documentation to DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.

3. **LEGAL NAME CHANGE:** If your legal name has changed, you must verify the change by submitting a copy of a marriage certificate, divorce decree, court order, social security card, or contractor name change form. If your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

4. **ADDRESS CHANGE:** You are responsible to notify DOPL of address changes as they occur. Do not rely on postal service forwarding orders to provide DOPL with this information. Submit changes online at www.dopl.utah.gov. If licensed as an entity, including sole proprietor, you must also notify the Utah Division of Corporations of the change: (801) 530-4849.

5. **TIMELY RENEWAL:** You are responsible to comply with all renewal / reinstatement requirements stated in statute and rule. Your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to immediately submit a completed Application for License Renewal / Reinstatement. You can save time by renewing online at www.dopl.utah.gov where you can immediately print out a confirmation of renewal.

6. **APPLICATION APPROVAL:** Your application will be approved unless you do not meet the renewal / reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by DOPL. Those selected for audit will be notified. Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

7. **NON-REFUNDABLE FEES:** Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Please be aware that simply paying the fees does not mean that your license will be automatically renewed unless you meet the current renewal requirements and thereby qualify for a renewed license.

8. **REINSTATEMENT FEES:** If you fail to timely renew your license, you will be subject to the following conditions:

A) If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional $20.00 for **EACH** license being reinstated.

B) If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional $50.00 for **EACH** license being reinstated. *(Reinstating Lien Recovery Fund members must also submit another $50.00 in addition to any special LRF assessments.)*

C) Fees are subject to change each July 1. If listed, the fees on the application are current at the time printed. Please verify the current fee at www.dopl.utah.gov if applying for reinstatement more than one year following expiration of your license.

NOTICE: If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308g(3). Contact DOPL for assistance if reinstating after two years of expiration.

9. **ON-LINE RENEWAL INFORMATION:** Most professional licenses can be renewed on-line at www.dopl.utah.gov by using a credit or debit card and a unique "Renewal ID Number" (similar to a pin number). This timesaving system allows a renewing licensee to immediately print out a confirmation of renewal that is as valid as a license certificate and can be used until a renewed license certificate arrives by mail within two weeks. Contact DOPL if you do not have a renewal ID number.

10. **TAX ID NUMBER:** The Tax ID Number for the Division of Occupational and Professional Licensing is 87-6000545.

HB28 Enacted by the 2010 Legislature requires prescribing practitioners with a controlled substance license to register with the CSD and to complete an online tutorial and examination as a requirement for licensure. The examination can be found at https://secure.commerce.utah.gov/csd/index.html	
☐ Yes ☐ No	I certify under penalty of perjury that I have successfully completed the required online tutorial and examination that is required for renewal and licensure
Printed Name:_____ Signature: _____ Date:_ _____	