State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Official Use Only
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Naturopathic Physician

APPLICANT INFORMATION

Full Legal Name: _____
First *Middle* *Last*

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ **Date of Birth:** _____ **Gender:** ☐ Male ☐ Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____
City *State* *ZIP Code*

Phone: _____ **Email:** _____

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: _____

Drivers License or State ID Card: _____
State of Issue *License Number* *Expiration Date*

NOTE: If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I 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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, 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 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 I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

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.

1.	☐ Yes ☐ No	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?
2.	☐ Yes ☐ No	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 professional licensing agency or criminal or administrative jurisdiction?
3.	☐ Yes ☐ No	Are you currently under investigation or is any disciplinary action pending against you now by any *local, state or federal licensing, enforcement or regulatory agency?*
4.	☐ Yes ☐ No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5.	☐ Yes ☐ No	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?
6.	☐ Yes ☐ No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7.	☐ Yes ☐ No	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 applicable state or federal laws?
8.	☐ Yes ☐ No	Have you ever unlawfully used any drugs 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?
9.	☐ Yes ☐ No	Do you currently have any criminal action pending?*****
10.	☐ Yes ☐ No	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? *****
11.	☐ Yes ☐ No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*****
12.	☐ Yes ☐ No	Have you ever been incarcerated for any reason in any correctional facility (*domestic or foreign*) in any jurisdiction or on probation/parole in any jurisdiction?*****

******NOTE:* **Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

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.

If you answered **"Yes"** to Questions **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- 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.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

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.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____

3. Is any action pending against you now by:

☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____

4. ☐ Yes ☐ No Have you been named as a defendant in a malpractice suit?

5. ☐ Yes ☐ No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered **"Yes"** to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website: http://www/npdb.hrsa.gov.*

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.

UTAH CONTROLLED SUBSTANCE AFFIDAVIT (OPTIONAL)

If you are applying for a controlled substance license, you must read and sign the affidavit below.

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.

2. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.

3. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: _____ Date _____

Note: *In addition to signing this affidavit, you must complete the items listed on the OPTIONAL CONTROLLED SUBSTANCE LICENSE checklist at the end of this application.*

Evaluation of Postgraduate Residency Training

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

RESIDENCY INFORMATION

To be completed by the Residency Supervisor.

Name of School/Facility: _____

Name of Supervisor: _____ **License Number:** _____

School/Facility Address: _____
Street/PO Box *City* *State/Zip*

Telephone Number: _____ **Email:** _____

Dates of Training: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

Did the applicant successfully complete all requirements of the program? ☐ Yes ☐ No

If no, please explain: _____

_____

_____

Did the applicant and supervisor work in the same place of employment? ☐ Yes ☐ No

If "no", describe how you were able to provide supervision: _____

_____

I do hereby certify that the applicant for licensure as a naturopathic physician has successfully completed the above hours of post-graduate supervised experience at facility listed. I certify that the experience supervised meets the requirements outlined in 58-71-302 (1)(e)

I further certify that the applicant is qualified and competent to practice as a licensed clinical social worker.

Signature of Supervisor: _____ **Date:** _____

Temporary License

Temporary licensure is an optional license for applicants who have not completed the required post-graduate training or practice. This form only needs to be completed by individuals applying for temporary licensure. See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

- I understand that I must meet all requirements *except* completing the post-graduate education before applying for a Temporary Naturopathic Physician license
- I understand that I must practice with in an approved residency program under the direct supervision of a Utah licensed naturopathic physician, physician and surgeon or osteopathic physician, and that I cannot begin practice until the temporary license has been issued and must cease working once it expires.
- I understand that a temporary license may be issued for only 18 months and cannot be renewed. I further understand that withdraw from the residency program will result in the automatic expiration of the license and I cannot practice until the Board authorizes me to resume practice.
- I understand that once I complete the required 12 months of post-graduate training, I must submit "Evaluation of Postgraduate Training" (found on page 4 of this application). My full license will not be issued until the evaluation form has been reviewed by the Division.

Signature of Applicant: _____ **Date** _____

RESIDENCY INFORMATION

To be completed by the Residency Supervisor.

Name of Supervisor: _____ **License Number:** _____

Name of School: _____

School Address: _____
Street/PO Box *City* *State/Zip*

Telephone Number _____ **Email:** _____

I hereby certify that I am a licensed in good standing and I will supervise the practice of the above named applicant. I understand that I must provide direct supervision, and be at the same site as the applicant. I have read and agree to the training plan submitted with this application for temporary license.

Signature of Supervisor: _____ **Date:** _____

Please return this form to the applicant to submit with their application. Do not begin supervision until the applicant is approved for a temporary license.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.
NOTE: Incomplete applications will be denied.

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

ALL APPLICANTS

The following items are required to complete your application:

- ☐ $200.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.
- ☐ Official transcripts documenting completion of a doctoral degree in naturopathic medicine from a school accredited by the Council of Naturopathic Medical Education. ***Note:*** *Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.* Foreign graduates must submit a report from ICA confirming equivalency. ICA may be contacted directly at (727) 549-8555.
- ☐ Official score reports documenting you have passed the required Naturopathic Physicians Licensing Examinations (NPLEX) outlined in R156-69-302.
- ☐ Complete either A, B or C:
  - ***A.*** "Evaluation of Postgraduate Training" *(page 4 of this application)* documenting 12 months of clinical experience in a naturopathic medicine residency program.
  - ***B.*** Documentation of at least 6,000 hours of active practice as a naturopathic physician during the five years immediately preceding the date of this application. Acceptable documentation consists of W2s or Schedule K-1 forms and a letter(s) from your employer(s) or professional colleague, on company letterhead, attesting to the fact you have worked the required hours of legal practice.

    AND

    Official verification of license from each jurisdiction in which you are currently licensed, verification must cover the time requirements outlined above.
  - ***C.*** Request for Temporary Licensure, see below.

TEMPORARY LICENSURE

Applicants who have completed all the above requirements, with the exception of postgraduate training or 6,000 hours of licensed practice may apply for a temporary license which will allow them to engage in a supervised residency program.

In addition to the items for all applications, you must submit:

- ☐ $50.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ "Temporary License" form *(page 5 of this application).*
- ☐ Submit a written training plan outlining how the training will take place and how it will comply with the requirements of 58-71-304.2(b).

Note: Upon completion of the required 12 months post-graduate training, you must submit the 'Evaluation of Postgraduate Training" *(page 4 of this application)* before your full license will be issued.

OPTIONAL CONTROLLED SUBSTANCE LICENSE (TESTOSTERONE ONLY)

If your practice in the state of Utah will include administering, possession or prescribing of controlled substances, you must apply for a Utah Controlled Substance License by submitting the following:

- ☐ $100.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Complete the "Utah Controlled Substance Law and Rule Affidavit" found on page 3 of this application.

***NOTE:** In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

Submit the above items with your completed application to:

In person or via express delivery:
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741