



Registered Nurse Apprentice Application

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: _____

Note: All Division notices and communication will be sent to this 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: _____

Driver License or State ID Card

State of Issue

License Number

Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence 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 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

Do not leave any question blank.

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, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. ☐ Yes ☐ No Do you CURRENTLY have **any criminal action active or pending**?
3. ☐ Yes ☐ No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. ☐ Yes ☐ No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

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 2, 3, or 4 you must submit the following for EACH and EVERY incident:

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

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

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: _____

DECLARATION OF PRIMARY STATE OF RESIDENCE

Primary State of Residence is the state of your declared, fixed and permanent principal home for legal purposes.

Upon the issuance of this license, my primary state of residence will be: _____.

NOTE: You must update your address with DOPL within 2 weeks of any changes

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.

REGISTERED NURSE APPRENTICE LICENSE AFFIDAVIT

1. I certify that I have met all RN license requirements, except graduating from an approved nursing education program as defined in Utah Code Section 58-31b-601 and passing the NCLEX-RN, as follows:
 - I am enrolled in my last semester, quarter or competency experience of an approved registered nursing education program.
 - I am currently in good academic standing.
 - I have asked my Dean or appointed Program Representative to complete the Certification of Academic Status of Nurse Education form. *Do not apply until the Certification of Academic Status of Nurse Education form has been completed by your school.*
2. I understand and agree that this:
 - Registered Apprentice license is non-renewable, but may be extended by the Division upon notice to me.
 - Registered Apprentice license will expire upon the earlier of:
 - one year from issuance;
 - the day after the Division receives notice from the examination agency that the individual failed to take or pass the examinations described in Subsection described in 58-31b-302(4)(f)
 - the day on which the Division issues the individual a license as a registered nurse
 - If I graduate from an approved nursing education program as defined in Utah Code Section 58-31b-601 and pass the NCLEX, I will submit an application to become licensed as a RN, and my Registered Nurse Apprentice license will be superseded upon issuance of my RN license.
3. I understand that while I hold this Registered Nurse Apprentice license I must practice under the **INDIRECT SUPERVISION** of a Utah licensed RN, APRN, or Medical Doctor (MD or DO).

"Indirect supervision" means the supervising licensee:

 - (i) has given either written or verbal instructions to the person being supervised;
 - (ii) is present within the facility in which the person being supervised is providing services; and
 - (iii) is available to provide immediate face-to-face communication with the person being supervised as necessary.

Utah Admin. Code R156-1-102a(4)(b). The supervising licensee's license must be active and good standing.
4. I understand that my Registered Nurse Apprentice license will only be valid in Utah. I acknowledge that a Registered Nurse Apprentice license is not eligible for the Nurse Licensure Compact and is considered "Single State".
5. I have reviewed and certify that I will abide by the laws and rules that govern the practice of my profession. **This includes all laws and rules governing the delegation of nursing tasks.**
See Utah Admin. Code Sections R156-31b-102 (13), R156-31b-701(a), R156-31b-701(b), and R156-31b-701(c)

Signature of Applicant: _____ Date: _____

Certification of Academic Status of Nurse Education

This form may be used in lieu of transcripts to document the academic status of a student who:

- is enrolled in their last semester, quarter or competency experience of an approved registered nursing program; and,
- is currently in good academic standing.

It must be completed by an official representative of the school and bear the school's official seal. Additionally, it must be sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected. Schools may submit the completed Certificate of Academic Status of Nurse Education to B7@Utah.gov

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____

First

Middle

Last

Mailing Address: _____

Street/PO Box

City

State/Zip

EDUCATION

To be completed by the Dean or appointed Program Official Representative

Name of Institution: _____

Institution Address: _____

Street/PO Box

City

State/Zip

Telephone Number: _____

Email: _____

Accrediting Body: _____

Accreditation Date: _____

I attest that the above-named applicant is enrolled in last semester, quarter or competency experience of an approved registered nursing program (as defined in Utah Code Section 58-31b-601) and is currently in good academic standing.

Qualifying Event (Select one)

☐

Final Semester

☐

Final Quarter

☐

Competency Experience

Start date of
qualifying event: _____

MM/DD/YYYY

End date of
qualifying event: _____

MM/DD/YYYY

ASN:____ or BSN:____ (Check one)

Graduation Date (or anticipated date): _____

MM/DD/YYYY

Signature of Official Program Representative: _____

Printed Name: _____

Title: _____

Signed and the school seal affixed this _____ day of _____, 20____.

{SCHOOL SEAL}

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 are required to submit the following items to complete their application:

- ☐ \$35.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on the either of the qualifying questionnaires.
- ☐ Completed Certification of Academic Status of Nurse Education form found in this application.
Note: The form must be completed by the Dean or appointed Program Official and bear the seal of the school. It must be sent directly from your school to the Division, or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If received unsealed from the applicant, it will be rejected. If you have already graduated from an approved registered nursing program, you will not qualify for this license type.

You may apply online and submit payment at <https://dopl.utah.gov/nurse/>

Or submit the completed manual application with payment to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, please contact the Division at 801-530-6628 or by email at B7@Utah.gov