



Anesthesiologist Assistant

APPLICANT INFORMATION

Full Legal Name: First Middle Last

All Previous Legal Names:

Other DOPL Licenses Held:

SSN:* Date of Birth: Gender: Male Female
* If you don't have a social security number, please follow the instructions on the last page.

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

City: State: Zip:

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

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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.

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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: Date:



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

- 1. 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. Do you CURRENTLY have any criminal action active or pending?
3. 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. 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
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.

Please DISCLOSE the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
motor vehicle offenses such as driving while impaired or intoxicated.
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:

- minor traffic offenses such as parking or speeding violations.
juvenile offenses, unless you were tried as an adult.
legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

PROFESSIONAL LICENSES

List all other licenses, registrations, or certifications issued by any jurisdictions, 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:

If you identified an Anesthesiologist Assistant license above, please answer the following:

- After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?
Yes No

Note: If you answer yes to the question above, please see the checklist at the end of this application or our website for instructions on applying by endorsement.



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:
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:
3. Is any action pending against you now by:
4. Have you been named as a defendant in a malpractice suit?
5. 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.

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.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: _____

OPTIONAL UTAH CONTROLLED SUBSTANCE AFFIDAVIT

If you are applying for a controlled substance license, you must read and sign the affidavit below. This license is optional for an Anesthesiologist Assistant in a clinical setting.

- 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.

Signature of Applicant: _____ Date: _____

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

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- \$180.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires.
- Request 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: www.npdb.hrsa.gov.

LICENSURE BY APPLICATION

If applying for **Licensure by Application**, *in addition* to the items required for all applicants, you must submit:

- Documentation of official transcripts documenting a degree from an anesthesiologist assistant school accredited by the Commission on Accreditation of Allied Health Education for the Anesthesiologist Assistant
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.*
- Request official documentation from NCCAA of a passing score on the Certifying Examination for Anesthesiologist Assistants administered or the Continued Demonstration of Qualifications exam (CDQ) be sent directly to DOPL. Please contact NCCAA via their website, <https://www.nccaatest.org/>

LICENSURE BY ENDORSEMENT

If you are currently licensed in *good standing* as an anesthesiologist assistant in a jurisdiction deemed equivalent to a Utah license and have at least one year of licensed experience, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Official verification of licensure for at least one year, from a jurisdiction designated by the Division as equivalent to Utah.
Note: *If your state is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.*

OPTIONAL CONTROLLED SUBSTANCE LICENSE

If your practice in the state of Utah will include administering, possession, or prescribing of controlled substances, you may 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 Affidavit" found on page 3 of this application.

Submit completed application to the Division:

By US Postal Service:

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

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114**

If you have questions, please contact the Division at 801-530-6628 or by email at b1@Utah.gov.