

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**MEDICATION AIDE CERTIFIED
MEDICATION AIDE CERTIFIED TEMPORARY**

APPLICATION INSTRUCTIONS AND INFORMATION:

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address provided on this application WILL BE YOUR ADDRESS OF RECORD. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order as state mail is not forwarded.

Social Security Number: A social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If a Social Security Number is not provided, the application is incomplete and may be denied.

APPLICATION INSTRUCTIONS:

Mandatory Attachment Checklist <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Submit a complete Division of Occupational Licensing (DOPL) Medication Aide Certified application to the DOPL address listed below. If you are applying for a temporary certification, you will need to complete the full application.
<input type="checkbox"/>	Submit a \$90.00 Non-Refundable Application Fee , made payable to “DOPL.” This fee includes a \$50.00 application fee and a \$20.00 surcharge for a BCI fingerprint file search, and a \$20.00 surcharge for a FBI fingerprint file search.
<input type="checkbox"/>	Submit two applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). If you bring your completed application to DOPL’s office at 160 E 300 S, Main Lobby, Salt Lake City, your fingerprints can be electronically scanned using DOPL’s Identix equipment.
<input type="checkbox"/>	Submit documentation of having completed an approved Medication Aide Certified (MAC) training program. Request that the training program submit documentation of completion directly to DOPL. Failure to submit official documentation of completion will result in denial of your application as incomplete.
<input type="checkbox"/>	Submit documentation of current certification in good standing as a Certified Nursing Assistant with the Utah Nursing Assistant Registry.
<input type="checkbox"/>	Submit documentation of a high school diploma or its equivalent.
<input type="checkbox"/>	Submit documentation of a minimum of 2,000 hours of experience as a certified nurse aide in a long-term care facility within the two years prior to application. Documentation may include W-2 tax forms or a letter from the administrator of a long-term care facility.
<input type="checkbox"/>	Submit two letters of recommendation from a long-term care facility administrator and one licensed nurse familiar with your work practices as a certified nurse aide.
<input type="checkbox"/>	Submit documentation of successful completion of the MACE Certification Examination OR Submit the “Temporary Certification Form”. Please note that the temporary certification will expire if you do not sit for the first available examination or if you fail the examination. Once you have taken the MACE Certification Examination, submit documentation of successful completion to DOPL.

***Important Additional Important Information:**

1. **Application Processing:** Processing time for an application, *where the fingerprints have been electronically scanned by DOPL and there are no issues that need to be resolved*, is approximately 7 to 21 business days if the application is complete. If the application is incomplete, the processing time will increase.
2. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at www.dopl.utah.gov.
 - Division of Occupational & Professional Licensing Act, 58-1 (Jul 01 2012)
 - General Rules of the Division of Occupational & Professional Licensing, R156-1 (November 26, 2012)
 - Nurse Practice Act, 58-31b (Jan 01 2013)
 - Nurse Practice Act Rules, R156-31b (July 08 2010)
3. **Education Requirement:** You must complete an approved Medication Aide Certified program. Completion of an approved program is documented by submitting an official document from the training program includes the date of completion.
4. **Examination Requirement:** The required examination will be NCSBN's Medication Aide Certified Examination (MACE). **However, this examination will not be available until February 1, 2014. If you are submitting an application for a temporary certification, please contact the Division after February 1, 2014 for information regarding the MACE examination.**
5. **Temporary Certification:** Temporary Certification may be issued to a person who meets all licensure requirements except the passing of the MACE examination. The temporary certification will be issued for a period of twelve (12) months. Please note: The temporary certification will automatically expire upon release of official examination results if the applicant fails the examination or if the applicant does not take the first available examination.
6. **Certification Renewal:** All medication aide certified certification expire March 31 of each odd-numbered year. Each licensee is responsible to renew the license PRIOR to the expiration date shown on the current certification. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's address of record, as provided to DOPL. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years. Additionally, the fee paid with this application for licensure is an application-processing fee only.
7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive correspondence from DOPL. Address changes can be made online at www.dopl.utah.gov.

Please note that the Division of Occupational and Professional Licensing, section 58-1-301.7(1) Change of information reads:

- (a) An applicant, licensee, or certificate holder shall send the division a signed statement, in a form required by the division, notifying within 10 business days of a change in mailing address.
- (c) In addition to providing a mailing address, an applicant, licensee, or certificate holder may provide to the division, in a form required by the division, an email address and may designate email as the preferred method of receiving notifications from the division.

7. **Name Change:** If you have been licensed or certified by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
8. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's office at 160 E. 300 S., Salt Lake City, 8:00 a.m. to 4:30 p.m., Monday through Friday, except holidays. The cost for having fingerprints electronically scanned by DOPL is covered in the \$40 non-refundable surcharge fee. Applicants that arrive late in the day without leaving sufficient time to be processed will be turned away. A current government issued picture ID is required and would include one of the following: a driver's license issued by Washington D.C., a state of the United States of America or an identification card issued by the state of Utah.

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) blue fingerprint cards (Form FD-258) with your application for each individual associated with the application as defined above. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI, a local police station or an agency authorized by the FBI to roll fingerprints.** If you downloaded the application from the Internet, you may obtain fingerprint cards the Bureau of Criminal Identification (BCI), your local police station or authorized agency. *Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.* **Due to the high number of inked fingerprint cards that are rejected and the amount of time it takes state and federal government agencies to process these cards, applicants are encouraged at the time of application to have their fingerprints electronically scanned at DOPL or at the Bureau of Criminal Identification.**

Bureau of Criminal Identification (BCI) Information:

- Check with BCI for pricing of their services
- Walk-ins only; no appointments taken
- Fingerprinting and Photo Services are available from 8:00 a.m. – 5:00 p.m., Monday - Friday except holidays
- Government-issued picture ID required (driver's license, state ID, passport, etc.)
- Address: 3888 W. 5400 S., Taylorsville, UT 84118 (1/2 block west of Bangerter Highway, behind McDonalds)
- Website: www.bci.utah.gov. Telephone number: (801) 965-4569

Review of your FBI Record: If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

- 11. Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office. Credit card information is not accepted over the telephone.

- 12. Mail Complete Application to:** **By U.S. Mail**

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

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

(801) 530-6628

(866) 275-3675 – Toll-free in Utah

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State of Utah
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

MEDICATION AIDE CERTIFIED

MEDICATION AIDE CERTIFIED TEMPORARY

*****Please list your full legal name as it appears on your driver's license, Social Security Card, etc.*****

Last Name:	First Name:	Middle Name:
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Social Security Number: - -	Maiden Name:
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I certify under penalty of perjury that:

- I am a citizen of the United States and I have a valid US Driver License or US State ID.
 License/State ID Number: _____ State: __
- 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.
 License/State ID Number: _____ State: __
- 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.

Mailing Address: _____

City:	State:	ZIP:
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<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate/Exam approval Number: _____

Date License/Certificate/Exam approval - Approved: __/__/__

Approved By: _____

Date License/Certificate/Exam approval Denied: __/__/__

Denied By: _____

Reason for Denial/Other Comments: _____

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

Profession:	Issuing State:	
License/Certification Number:	License/Certification Status:	Issue Date:
Profession:	Issuing State:	
License/Certification Number:	License/Certification Status:	Issue Date:

I do not hold registrations, or certifications issued by any jurisdiction.

Approved Medication Aide Certified Training Program:
(Course must be at least 60 clock hours of classroom learning and 40 clock hours of clinical practice.)

Name of Training Program:		
Address of Program:		
City:	State:	Zip:
Dates Attended:	From:	To:

High School Education Requirement:

Name of School:		
City:	State:	Zip:
Date of Graduation:		
OR: Equivalent Education:	Date Earned:	

Medication Aide Certified Examination Requirement:

Date Taken:	Number:	Expiration:

AFFIDAVIT and RELEASE AUTHORIZATION

- I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.
- I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.
- To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.
- To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.
- I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.
- I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.
- 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 authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing to properly evaluate my qualifications for examination approval/licensure/certification/registration by the State of Utah.

Signature of Responsible Party: _____ Date of Signature: ____/____/____

Printed Name of Responsible Party: _____

COMPLIANCE WITH UTAH LAWS AND RULES

I understand that it my continuing responsibility 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.


Name: _____ Signature: _____ Date: _____

MEDICATION AIDE CERTIFIED QUALIFYING QUESTIONNAIRE

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

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is any action related to your conduct or patient care pending at any hospital or health care facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever been permitted to surrender a registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Is any action now pending against you by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you been named as a defendant in a malpractice suit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have you ever been terminated from a position because of drug use or abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he has not otherwise been successfully rehabilitated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Have you ever had a documented case in which he was involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Have you ever pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Have you been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea-in-abeyance or deferred sentence</i>)?
	<p>If you answered “yes” to questions 24, 25, 26, 27 or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>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.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>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.</p> <p>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.</p>

Utah Division of Occupational and Professional Licensing
 160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 FAX: (801) 530-6511

**MEDICATION AIDE CERTIFIED
 TEMPORARY CERTIFICATION
 REQUEST FORM**

TO BE COMPLETED BY APPLICANT:

	Name:	Telephone:		
	Address:			
	City:	State:	Zip:	Email:
	Date Taking MACE Examination:			
	Employing Facility:		Telephone:	
	Address:			
	City:	State:	Zip:	Email:
	Date Employment Begins:			
	I hereby certify that I will not practice as a medication aide certified until I have been granted a temporary license. Once the temporary license has been issued, I will only practice under direct supervision of a license nurse as defined in the Nurse Practice Act Rule R156-31b-102(41).			
	Signature of Applicant:		Date:	

TO BE COMPLETED BY SUPERVISING NURSE:

	Name:	Telephone:		
	Address:			
	City:	State:	Zip:	Email:
	Position or Title:		License Number:	
	I hereby certify that I am a licensed nurse in good standing and I will supervise the practice of the above named Medication Aide Certified. I understand that I must provide direct supervision, and be on the same site as the applicant. The Nurse Practice Act Rule subsection R156-31b-102 reads: (41) "Supervision", as used in this rule, means the provision of guidance and review by a licensed nurse for the accomplishment of a nursing task or activity, including the provision for the initial direction of the task, periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome.			
	Signature of Supervisor:		Date:	