



UTAH DEPARTMENT OF COMMERCE

APPLICATION FOR SUNRISE REVIEW

GOVERNMENT REQUESTOR

Primary Requestor: _____

Title & Organization: _____

Email: _____ Phone: _____

Contact Person, if applicable: _____

Email: _____ Phone: _____

If there is a co-sponsor or requestor, please attach their contact information, as well as additional contact persons as needed. Note: The primary requestor and/or the contact person listed in this section will be considered the official contact for communication regarding the application. Others will be copied as a courtesy.

PROFESSION INFORMATION

Name of Profession: _____

License Type(s): _____

For example, "Nurse" would be the Profession; "APRN", "RN", "LPN", etc. would be License Types within Nursing

Type of Regulation Requested: License Certification Registration Other: _____

Proposed State Regulatory Agency (leave blank if no preference): _____

Yes No Have you discussed this application with the Agency? If yes, please attach contact information for the agency representative.

Note: Throughout this application, the term "license" includes any government authorization required to engage in a specified occupation, whether that authorization is in the form of a license, certification, registration, or any other form.

Please answer the following, and provide supporting documentation as indicated:

- Yes No Is this request adding a new license type to an already licensed profession? If yes, please attach a description of each license type's identifying descriptions and an explanation as to why the new license type is needed.
- Yes No Are you aware of any national or state professional associations or other organization that exists for this profession? If yes, please attach contact information.
- Yes No Is the profession licensed in any other US state, district, or territory? If yes, please attach a copy the most current statute and rule for the jurisdiction(s), as well as the contact information for the agency or agencies responsible for the license.
- Yes No Have you opened a bill file? If yes, please provide the bill number and any language as it exists at the time of making this application.

REQUIRED ATTACHMENTS:

- Detailed proposed scope of practice for the profession
- List of all qualifications proposed, including estimated cost to potential licensees to meet the requirements
- List of proposed exemptions that includes a brief explanation of the reason for the exemption
- Detailed explanation that describes:
 - the harm the regulation is intended to prevent including the severity, probability, and permanence of the harm;
 - why regulating the profession is necessary to protect against or diminish a present, recognizable, and significant harm to the health, safety, or financial welfare of the public, and
 - why the level of regulation requested and the qualifications identified represent the least restrictive regulation to obtain the necessary protection
- Estimated number of potential licensees, including an explanation of the method for arriving at the estimate
- Summary of other professions that may be impacted by the creation of this license, including an explanation of any scope overlap
- If the profession is in the medical field, attach all CMS requirements that impact the profession, if any
- Any other information that supports the creation of the license

Please submit this application, all supporting documentation and non-refundable **\$500.00 fee** to:

In person or via express delivery:

Office of Professional Licensure Review
Utah Department of Commerce
Heber M Wells Building
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Office of Professional Licensure Review
Utah Department of Commerce
SM Box 146701
Salt Lake City, UT 84114-6701