

## Transgender Treatment Certification

### APPLICANT INFORMATION

Health Care Provider or  
Mental Health Professional: \_\_\_\_\_  
First Middle Last

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

### 58-1-603 HORMONAL TRANSGENDER TREATMENT ON MINORS -- REQUIREMENTS.

In accordance with [Utah Code § 58-1-603](#) providers who provide treatment to a minor after January 1, 2024 must have received Certification from the Utah Division of Professional Licensing.

To obtain the Certification, 40 hours of continuing education (CE) must be completed in accordance with the providers Practice Act Rule for continuing education. **All CE, for this certification, must be related to transgender health care for minors.**

#### 58-1-603. Hormonal transgender treatment on minors -- Requirements.

- (2) (a) The division shall create a transgender treatment certification on or before July 1, 2023.  
(b) The division may issue the transgender treatment certification to an individual if the individual:
- (i) is a health care provider or a mental health professional; and
  - (ii) has completed at least 40 hours of education related to transgender health care for minors from an approved organization.

### ATTESTATION:

I attest that I have completed 40 hours of continuing education specific to **transgender health care for minors** in accordance with the continuing education rules for my licensed profession within the preceding 24 months.

**I declare under criminal penalty under the law of Utah that this notice and any additional documents included with it are true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### SUBMIT COMPLETED FORM & CE CERTIFICATES TO THE DIVISION:

*Submit this completed form, along with copies of the required transgender health care for minors education certificates including: the **date of the training**, the **sponsoring organization**, **instructor's name**, and the **qualifying hours** to the Division by email at [B1@Utah.gov](mailto:B1@Utah.gov) or*

by US Postal Service:

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

In-person or by express delivery:

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

If you have questions, please contact the Division at 801-530-6628 or by email at [B1@Utah.gov](mailto:B1@Utah.gov).



## UTAH DEPARTMENT OF COMMERCE

### Division of Professional Licensing

#### PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

#### ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_