UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & BACKGROUND CHECKS
OFFICE OF BACKGROUND PROCESSING

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 538-4242
(801) 662-4157 Toll free

REQUEST FOR ADMINISTRATIVE REVIEW
BACKGROUND SCREENING

Version: 8/5/2026

REQUESTOR INFORMATION

NAME			DATE
DATE OF BIRTH	PHONE	SOCIAL SECURITY NUMBER	
ADDRESS			
CITY	STATE	ZIP	POSITION
E-MAIL ADDRESS		TYPE OF FACILITY	

Reason for request

☐ Informal hearing - Reasonable accommodations in accordance with the Americans with Disabilities Act are available with a minimum of three days advanced notice.

Describe reason for requesting administrative review

Include the following supporting documentation with this request

☐ Provide a written narrative describing what area you worked at the facility, any professional certification or license you currently have and the circumstances of the arrest/conviction and your degree of involvement in the incident(s).
☐ Provide evidence of rehabilitation (documents of counseling and completion of any treatment programs you may have participated in, etc).
☐ Copy of police report or court record if applicable.
☐ Three letters of personal reference dated and signed with original signatures, who can attest to your rehabilitation. References excluding family.

SIGNATURE	DATE

Do you have legal representation? ☐ Yes ☐ No If yes please complete the following.

LEGAL REPRESENTATIVE INFORMATION

You may represent yourself at the informal hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

FIRST NAME	PHONE NUMBER	
ATTORNEY NAME	EMAIL ADDRESS	
MAILING ADDRESS		
CITY	STATE	ZIP