



**PHYSICIAN OCCASIONAL CASE EXEMPTION**  
**Application for Exemption**

An occasional case is defined by ARM 24.156.611 as not more than two cases per year, but a single case may include rendering medical services to multiple patients on no more than five consecutive or non-consecutive days.

An Occasional Case Exemption is valid for two months from the date of issuance.

Please complete this form and submit it to the Board office, along with:

- 1) A written statement detailing the need for the physician's expertise in Montana.
- 2) Proof of visiting physician's active medical licensure (in good standing) in another state, along with proof of current active clinical practice.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Procedure to be Performed/ \_\_\_\_\_

Scope of Practice: \_\_\_\_\_

Location Where Procedure(s)/Treatment Will Be Performed:  
\_\_\_\_\_

Date of Procedure(s): \_\_\_\_\_

Name of Physician to Receive Exemption: \_\_\_\_\_

*(If the applicant is someone other than the Physician, such as a hospital administrator.)*

State of Licensure: \_\_\_\_\_ License #: \_\_\_\_\_

Montana Physician Attending/Assuming Care: \_\_\_\_\_

Montana Physician's License #: \_\_\_\_\_