

**RENEWAL APPLICATION**

License No

Check For New Address.  
Indicate any changes below.

Name   
Address   
City  State  Zip Code   
Country  E-mail

Active \$550.00                      Inactive \$275.00                      Childbirth Specialty add \$25.00  
MPDR Fee add \$30.00

Your Montana Naturopathic Physician license will lapse on April 30.

**TO RENEW ONLINE GO TO: LicenseRenewal.mt.gov** (Online transactions must be completed no later than 11:59 PM, Mountain Time, on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.) **OR**

- 1) Complete the renewal application and select your status above.
- 2) Complete the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for the amount indicated above made payable to the Board of Alternative Health Care. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after April 30th will be assessed a penalty fee by state law of 100% of the renewal fee(s). NO EXCEPTIONS!
- 6) If renewing your Childbirth Specialty check the box above. The additional fee indicated above will be required to renew the permit. The continuing education statement below also applies to the Childbirth Specialty additional CE requirements.
- 7) Sign the renewal application.
- 8) Incomplete or unsigned renewal applications will not be processed and will be returned.
- 9) If selecting Inactive Status for the first time you must return your current license. Please see 24.111.409 ARM for the entire requirement including reactivating an inactive license. A licensee can hold an Inactive Status for no more than 26 months.

**HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?**

**Yes** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

**No**

**MPDR FEE STATEMENT**

All Montana licensees who are authorized to prescribe or dispense controlled substances in Schedules II-V are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37-7-1511 (1), effective July 1, 2015, as amended by the Montana Legislature. The MPDR is administered by the Board of Pharmacy. The MPDR Fee is collected as a separate fee at the time of initial license application or as part of license renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program.

**I attest that the MPDR fee does not apply to me as I am not registered with the Drug Enforcement Administration (DEA) to prescribe controlled substances.**

**I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.111.2103 and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.**

**I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_