

RENEWAL APPLICATION

License No

Check For New Address.  
Indicate any changes below.

Name

Address

City  State  Zip Code

Country

Active \$550.00

Inactive \$275.00

Your Montana Direct-Entry Midwife license will lapse on April 30.

**TO RENEW ONLINE GO TO:** <https://ebiz.mt.gov/pol> (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) Complete the CPR/Neonatal Resuscitation attest statements and expiration dates.
- 4) Answer the disciplinary question at the bottom of the form.
- 5) 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.
- 6) Renewals with a U.S. Postal Service postmark after April 30 will be assessed a penalty fee by state law of 100% of the renewal fee. NO EXCEPTIONS!
- 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 wall certificate and current license. Please see 24.111.409 ARM for the entire requirement including reactivating an inactive license. A licensee can only hold Inactive Status for no more than 26 months.

CONTINUING EDUCATION ATTEST STATEMENT:

You are required to obtain 14 hours of continuing education (CE) relating to midwifery within 12 months prior to renewal April 30 of each year. The Board will be conducting a random audit of licensees to ensure compliance.

I have completed the required hours of continuing education Yes No

I do not need continuing education, as this is my **FIRST** license renewal Yes

I do not need continuing education as I am selecting **Inactive Status** Yes

CPR REQUIREMENT:

I have a current and unexpired CPR card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. CPR Expiration Date: \_\_\_\_\_

**N/A As I am selecting Inactive Status**

NEONATAL RESUSCITATION REQUIREMENT:

I have a current and unexpired Neonatal Resuscitation card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. Neonatal Resuscitation Expiration Date: \_\_\_\_\_

**N/A As I am selecting Inactive Status**

**HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF OUR 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**

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: \_\_\_\_\_