Board of Clinical Laboratory Science Practitioners 301 South Park PO Box 200513 Helena MT 59620-0513 (406) 444-6880

RENEWAL APPLICATION

Check For New Address. Indicate any changes below.

| License No | |
|------------|--|
| | |

| Name | | | |
|------------------------|--------------|--------------------|-------------------|
| Address | | | |
| City | State | Zip Code | |
| Country | | ACTIVE \$100 | INACTIVE \$50 |
| E-Mail | | _ | |
| CLINICAL LAB SCIENTIST | CLINICAL LAB | SPECIALIST CLINICA | AL LAB TECHNICIAN |

Your Montana Clinical Laboratory Science Practitioners license will expire on May 1.

TO RENEW ONLINE GO TO: www.ebiz.mt.gov/pol/ (Online transactions must be completed no later than 11:59 PM, MST 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 and sign the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Read the continuing education statement below.
- 4) Submit a check or money order for \$100 for an ACTIVE LICENSE or \$50 for an INACTIVE LICENSE made payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after May 1 will be assessed a penalty fee by state law of \$100, for a total amount of \$200 for an ACTIVE License, and a penalty fee of \$50 for a total of \$100 for an INACTIVE license NO EXCEPTIONS!
- 6) Return the renewal application and fee to the Board office postmarked by May 1.
- 7) Incomplete or unsigned renewal applications will be returned and may be subject to the penalty fee if not received in the Board office completed and postmarked by May 1.

CONTINUING EDUCATION REQUIREMENT:

You are required to have 14 hours of continuing education per year in order to renew your active license. The continuing education requirement does not apply to new licensees until the first full year of licensure. The Board will be conducting a random audit of licensees after the renewal cycle to ensure compliance.

STATEMENT: By signing the application below, as an active licensee, I declare under penalty of perjury that I have completed the required hours of continuing education. I am aware that a false statement may lead to subsequent revocation of licensure on ethical grounds.

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?

No

| Your signature: | Date: | |
|-----------------|-------|--|
| • | | |