



Montana Board of Medical Examiners

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0513

Phone: 406-444-6880

Email: DLIBSDHELP@MT.GOV Website: EMT.MT.GOV

Licensing Requirements and Application Checklist Emergency Care Provider (EMR, EMT, AEMT, Paramedic)

License Requirements for Emergency Care Provider

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. Age 18 or older – [MCA [50-6-203](#), [ARM 24.156.2711](#)]
2. High school diploma or equivalent [MCA [50-6-203](#), [ARM 24.156.2711](#)]
3. Completion of a course of ECP instruction – [MCA [50-6-203](#), [ARM 24.156.2711](#)]
4. NREMT or passage of a written and practical exam approved by the Board, or current EMR, EMT, AEMT or Paramedic licensure in another state in which applicant originally tested and has a complaint process.-[MCA [50-6-203](#), [ARM 24.156.2711](#)]
5. NPDB SELF QUERY (National Practitioner Data Bank)

Checklist of Required Documents to Submit for Application for Emergency Care Provider

The following documents and additional forms are required in addition to the basic application. State licensure verifications must be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.
- Verification of course completion.
- Proof of a current NREMT card at or above the level of licensure sought OR proof of passing the Montana written and practical exams at or above level of licensure sought OR a current unrestricted license or certification at or above the level of licensure sought, in another state in which the applicant was originally tested and which has a complaint process.
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, sentencing documents, final disposition/judgment documents, etc.)

Application Fee(s) for Emergency Care Provider

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$30 application fee for EMR
- \$50 application fee for EMT
- \$70 application fee for Advanced EMT
- \$100 application fee for Paramedic



You can apply for a license online at EBIZ.MT.GOV/POL or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-444-6880 FAX: 406-841-2305

E-MAIL: DLIBSDHELP@MT.GOV WEBSITE: EMT.MT.GOV

NOTE: If applying with state licensure (without NREMT certification) you must submit proof that you took an NREMT-equivalent examination to obtain licensure in that state. Licenses granted via reciprocity with other states will not be considered.

NOTE: Montana ECP licensees applying for another level of licensure must submit the following.

▽ Current active or inactive NREMT card equal to or greater than the level sought.

PROCESSING PROCEDURES FOR ALL APPLICATIONS:

- An application file must be complete before consideration of licensure. The applicant will be notified in writing of any items missing from the application file.
- An application typically takes 10 working days to process from the time it is complete.
- If the application is considered a non-routine application, there may be a delay in processing of the application.
- You may be requested to provide additional information, contact the Montana Professional Assistance Program and/or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.
- The Board meets once every two months.

Any application requiring Board review must be complete, with all materials received by the Department, no later than 15 working days in advance of the next scheduled Board meeting. Applications completed after that deadline will not be put on the Board's agenda.

Any questions with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 444-6880 or e-mail us at DLIBSDHELP@MT.GOV

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-444-6880

FAX: 406-841-2305

E-MAIL: DLIBSDHELP@MT.GOV

WEBSITE: EMT.MT.GOV

EMR

EMT

AEMT

Paramedic

PLEASE TYPE OR PRINT IN INK.

(Please allow 10 working days for processing from the date that the Board has a complete routine application)

1. FULL NAME: _____

Last

First

Middle

2. OTHER NAME(S) KNOWN BY: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____

Street or PO Box #

City and State

Zip

5. HOME ADDRESS: _____

Street or PO Box #

City and State

Zip

PREFERRED MAILING ADDRESS: Business Home

E-MAIL ADDRESS: _____

6. TELEPHONE: (____) _____ (____) _____ (____) _____

Business

Home

Fax

7. SOCIAL SECURITY NUMBER: _____

8. DATE OF BIRTH: _____ PLACE OF BIRTH: _____ FEMALE MALE

City/State

9. LICENSEE NAME: _____

(State your name as it should appear on the license if granted.)

10. Have you ever previously applied for a license to practice in Montana? **Yes No**
 If **Yes**, give date and results.

Type of License	Dates	Results of application	Licensure #

PERSONAL HISTORY QUESTIONS

IMPORTANT INSTRUCTIONS AND NOTICE

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

11. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? **Yes No**
12. Have you ever surrendered a credential like those listed in number 11, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? **Yes No**
13. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? **Yes No**
14. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? **Yes No**

15. Have you ever withdrawn an application for any professional license? **Yes No**
16. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? **Yes No**
17. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) **Yes No**

Note on Questions 18 and 19:

Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 18 or 19 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

18. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? **Yes No**
19. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? **Yes No**

The following information is provided for Question 20 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

20. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction?

21. Are you now subject to criminal prosecution or pending criminal charges?

22. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?

23. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?

24. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?

25. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid?

26. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?

State	License # and Type	Date Issued	Expiration Date	Licensure Method			Requested State verification	
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
						Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-444-6880

FAX: 406-841-2305

E-MAIL: DLIBSDHELP@MT.GOV

WEBSITE: EMT.MT.GOV

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competency to practice by anyone who might possess such information to the Montana Board of Medical Examiners. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I understand my recurring duty to comply with continuing education requirements as part of license renewal and my responsibility to maintain documentation for completed continuing education and refresher and my medical director's authorization/attestation of continued competence (including endorsement skills) on a board-approved form which shall be made available to the board upon request. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

**REQUEST FOR VERIFICATION
OF LICENSURE/CERTIFICATION AND EXAMINATION
AS EMERGENCY CARE PROVIDER (also known as "EMT")**



Date _____

TO:

From: Montana Board of Medical Examiners
Box 200513, Helena, MT 59620-0513
e-mail: dlibsmed@mt.gov

Regarding Name:
SS#:
DOB:

The above-named person currently is certified or licensed as:

	Certificate/License No.	Date Issued	Valid Until
<input type="checkbox"/> EMR (or EMT-F or EMT-FR)	_____	_____	_____
<input type="checkbox"/> EMT (or EMT Basic)	_____	_____	_____
<input type="checkbox"/> Advanced EMT (or EMT-I)	_____	_____	_____
<input type="checkbox"/> Paramedic (or EMT-P)	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

This is: A license to practice issued by a licensing board or other licensing authority
 Registration with a state agency or a certificate issued by a state agency

Basis of Licensure/Certification:

- NATIONAL REGISTRY CERTIFICATION (Current NREMT card in place at time of licensure)
- AMERICAN BOARD OF PRE-HOSPITAL CARE (Current certification at time of licensure)
- STATE-SPECIFIC WRITTEN & PRACTICAL EXAMINATION (Pre-licensure exam specifically for EMS practice in this state)
- RECIPROCITY WITH ANOTHER STATE (No NREMT or ABPC certification and no examination in this state)

Questions:

1. Does your state have a compliance/disciplinary process for EMS practitioners such as EMTs or Paramedics?
 YES NO
2. Has any disciplinary action ever been taken against the applicant? YES NO
3. If so, has this disciplinary case been satisfied to the board's requirements? YES NO

If not, give details _____

(Board Seal)

BY: _____ TITLE: _____ DATE: _____