



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 #: _____