

PODIATRIST ACTIVE RENEWAL APPLICATION

NAME

LIC. #:

ADDRESS:

CITY :

STATE:

ZIP:

PHONE:

E-MAIL:

PODIATRIST ACTIVE RENEWAL FEE: \$0 The Board of Medical Examiners is abating its renewal fees for this renewal period only. This abatement is valid during the actual renewal period and is not in effect after the renewal deadline or applied to late renewal fees. **After the renewal deadline, all fees will revert to the current published fees.**

Please Note: A late fee of an additional \$500, for a total of \$1,000, is due if the completed renewal application (including fee) has a U.S. Postal Service postmark after October 31 of your license's expiration year. Please submit this page with check/money order for the above fee(s) by October 31 of your license's expiration year. Do not send cash. Incomplete applications will be returned.

MPDR FEE STATEMENT: All Montana licensees who are authorized to prescribe or dispense prescription drugs are required to pay a \$30 annual fee (\$60 for the two year renewal) for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37-7-1511(1), The MPDR is administered by the Board of Pharmacy. The MPDR fee is collected as a separate fee at the time of license renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program.

*****IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE SUBMIT YOUR
DETAILED WRITTEN EXPLANATION TO THE BOARD OFFICE**

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. Montana Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

No

Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your medical practice?

Yes

No

Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistance Program)?

Yes

No

Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?

Yes

No

Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied prescribing privileges?

Yes

No

Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or national certification?

Yes

No

Signature

Date