

MONTANA BOARD OF MEDICAL EXAMINERS
PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-6880

RENEWAL UNIT EMAIL: UnitA@mt.gov WEBSITE: www.medicalboard.mt.gov

EMR RENEWAL FORM

NAME

LICENSE #

ADDRESS

Is this a new address? **YES** **NO**

CITY

STATE

ZIP

EMAIL

LICENSE FEE: \$30

Please Note: A late fee of an additional \$30, for a total of \$60, is due if postmarked after March 31 of your license's expiration year.

CONTINUING EDUCATION:

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.156.2718 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

YES **NO**

RENEWAL DISCIPLINARY STATEMENT:

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. Sec. 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 ability to perform as an EMR?

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 Montana Professional Assistance Program)?

YES **NO**

LICENSEE SIGNATURE: _____ DATE _____