

**PHYSICIAN RENEWAL APPLICATION**  
**[License Status: INACTIVE]**

License No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_ **Check If A New Address**

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ DEA No. \_\_\_\_\_

**Renewal Fee: \$250** Please Note: A late fee of an additional \$250, for a total of \$500, is due if the completed renewal application (including fee) has a U.S. Postal Service postmark after March 31 of your license's expiration year. **NO WAIVER OF PENALTY FEE!**

**If you wish to change your license status to Active, you must contact the Board office first.**

Your Montana Physician license will expire on March 31. A licensee has 45 days to renew his/her license after the March 31 deadline by paying the renewal fee and the late fee. Anyone renewing 46 days or more after the March deadline may have a complaint file opened and the possibility of unlicensed practice may be addressed by the Board through their disciplinary process. In order to avoid being referred to the disciplinary process, licensees who do not wish to practice may request before the 45th day that their license be listed as expired.

In order to renew your Physician license:

- 1) Complete the renewal application, including answering all of the disciplinary questions below and on the reverse side of this Renewal Application. Be certain to sign where indicated.
- 2) Submit a check or money order for the appropriate amount as indicated above. Make payable to the Board of Medical Examiners. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- 3) Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the board office completed and postmarked by March 31.
- 4) If you wish to activate an inactive license, please contact the Board office at (406) 841-2360.
- 5) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.

**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**

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

**More required questions on reverse side.**

**Do Report:**

1. A criminal action arising out of your medical practice. Attach a copy of the "Indictment," "Information," or other initiating documents.
2. A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the "Judgment," "Verdict," "Order," or "Final Order."
3. A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the "Final Order" or other concluding document.
4. Medicaid/Medicare sanctions taken against you by the DPHHS. Attach a copy of the pertinent document(s).

**Do Not Report:**

1. A claim filed with your insurance carrier.
2. A claim or proceeding before the Medical-Legal Panel.

**\*\*\* YOU MUST ANSWER ALL QUESTIONS BELOW BY CHECKING EITHER YES OR NO \*\*\*  
IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE SUBMIT YOUR DETAILED  
WRITTEN EXPLANATION TO THE BOARD OFFICE.**

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- Yes  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 any 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 specialty board certification?