

**PHYSICIAN ASSISTANT - ACTIVE
RENEWAL APPLICATION**

License #:

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ **Check If A New Address**

Work Phone _____ Home Phone _____ DEA No. _____

Renewal Fee: \$300 Please Note: A late fee of an additional \$300, for a total of \$600, 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. **THIS FEE WILL NOT BE WAIVED!**

MPDR Fee: \$60 All Montana licensees who are authorized to prescribe or dispense controlled substances in Scheduled II-V are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR): see Montana Code Ann. Sec. 37-7-1511 (1) effective July 1, 2015, as amended by the Montana Legislature. The MPDR is administered by the Board of Pharmacy. The MPDR Fee is collected as a separate fee as part of license renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program.

You can attest that you are exempt from this fee by clicking here:

Your Montana Physician Assistant license will expire on October 31. In order to renew your license:

- 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. Incomplete renewal applications will not be processed.
- 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.
- If you wish to place your license on Inactive status, please contact the Board office at (406) 841-2360.
- 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.**

- 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?