

Montana Board of Medical Examiners
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APPLICATION FOR RENEWAL OF RESIDENT PHYSICIAN LICENSE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

FOR INFORMATION ON RESIDENT'S PERMITTED ACTIVITIES, SEE ARM 24.156.509.

In 2015, the Montana Legislature passed SB 77 at the request of the Board of Medical Examiners. Effective July 1, 2015, the bill established a Resident Physician license—and requirements for that license—in MCA 37-3-307. A Resident license is valid for up to one year and may be renewed for additional 1-year periods as long as the resident is in good standing in an approved residency program.

As stated in ARM 24.101.413, Resident licenses expire on June 30 and are subject to annual renewal.

RENEWAL FEES: \$130.00 (Make payable to Montana Board of Medical Examiners)

The annual renewal fee for the license itself is \$100.00. **Renewals made or postmarked after June 30 will be subject to a \$100.00 late fee.**

Residents also must pay a \$30.00 annual fee for the Montana Prescription Drug Registry.

All Montana licensees who are authorized to prescribe or dispense controlled substances in Schedules 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.

To learn more about MPDR fees, visit <http://leg.mt.gov/bills/mca/37/7/37-7-1511.htm>

RENEWAL REQUIREMENTS:

All applicants wishing to renew a Resident Physician license must:

- Submit an application and fee to the Board.
- Provide a letter or other form of verification that the applicant will be enrolled in one of the following for the academic year (July 1-June 30) for which the renewal is requested:
 - 1) A Montana residency program in which the applicant will see patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in Montana; or
 - 2) An approved residency (one that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association) in which the applicant will see patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in Montana.

DOCUMENTS:

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- **Letter or other verification of enrollment in an Approved Residency Program**

APPLICATION PROCEDURES:

The letter of Verification from your Approved Residency Program must state that you remain in good standing in your training program and that you will be enrolled in that program for the coming year. (July 1- June 30.)

Your application must include the name and address of the Montana-licensed Physician(s) who will be responsible for your supervision. The Physician's license must be current and unrestricted.

The Board office must be informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES:

Upon receipt of a completed application with all the supporting documentation, the application will be reviewed for compliance with the Board's statutes and rules.

The applicant will be notified in writing of any deficient or missing items from the application file.

For information with regard to the processing of this application, please contact the Business Standards Division Renewals Unit at (406) 444-6880 or email the Board office at dlibsmed@mt.gov

IF YOU ANSWER "YES" TO THE QUESTION BELOW, PLEASE SUBMIT YOUR DETAILED WRITTEN EXPLANATION TO THE BOARD OFFICE.

Yes____ No____ 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?

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.

SIGNATURE_____ DATE