

**MONTANA BOARD OF MEDICAL EXAMINERS**

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Helena, Montana 59620-0513

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**VERIFICATION OF LICENSURE**

*THIS IS NOT AN ENDORSEMENT CERTIFICATION*

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN EMT, PARAMEDIC OR OTHER EMERGENCY CARE PROVIDER. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

**STATE BOARD:** I am applying for a license to practice as an Emergency Care Provider in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, DIRECTLY to the BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513. Your early response is appreciated.

Name: \_\_\_\_\_  
(Signature) (Please print)

Address: \_\_\_\_\_

My License Number is: \_\_\_\_\_

**DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS**

State of \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License Type: EMR EMT AEMT Paramedic Other

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License is current? Yes No If NO, explain: \_\_\_\_\_

Did licensee take a written practical exam in your state to qualify for licensure? Yes No

Has license been suspended, revoked, placed on probation or otherwise disciplined?

Yes No If YES, explain and attach documentation

Has licensee ever been requested to appear before your Board? Yes No

If YES, explain \_\_\_\_\_

Derogatory information, if any: \_\_\_\_\_

Comments, if any: \_\_\_\_\_

Board Seal

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_\_