

**MONTANA BOARD OF MEDICAL EXAMINERS**

PO Box 200513  
301 South Park Avenue 4th Floor  
Helena, Montana 59620-0513  
PHONE: 406-841-2300      FAX: 406-841-2305  
E-MAIL: [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov)      WEBSITE: [www.emt.mt.gov](http://www.emt.mt.gov)

**FEES:**

\$250.00 – Application Fee (*regardless of how many verifications are attached to the application*)

*\*Make check or money order payable to the Montana Board of Medical Examiners\**

**DOCUMENTS:** The following documentation must be submitted for review of your request for Program Approval. (see self-study for description of depth and breath required)

1. Overview of educational program
2. Identify agencies/institutions
3. Written statement of the program's goals
4. Educational objectives for each program delivered
5. Student population served and/or the agency/institution.
6. Copy of the course syllabus for each different format/schedule
7. Organizational chart and with a position description
8. A Medical Advisor who shall be available to the program
9. Shall have a Lead Instructor
10. Instructors
11. Financial support
12. Facilities adequate for presentation
13. Criteria for student selection
14. Program evaluation tools used

***\* If you are a nationally accredited Paramedic Program, the above documents are not required, but a copy of your approval letter must be attached.***

**APPLICATION PROCEDURES:** When the application is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

**PROCESSING PROCEDURES:** Once an application is complete, the application takes 30 working days to process from the time it is received in the Board office. An on-site visit will then be scheduled. The applicant will be notified in writing of any deficient or missing items from the application submitted.

Any questions with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2300 or e-mail us at [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov)

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## **Instructions to Submit an Electronic Application for Program Approval**

1. All applications for program approval must be submitted electronically via email
2. Applications received will be provided a temporary "Program ID number" for reference purposes (*please utilize this course ID number on all correspondence*).
3. Process for submitting an **ORIGINAL** Program Application:
  - a. Complete and attach electronic application with self-study and email to [kthreet@mt.gov](mailto:kthreet@mt.gov)
  - b. Once received, an email will be returned (*to the email address identified on the application*) providing you a temporary Program ID number
  - c. Place the temporary Program ID number on your check for review of your course and mail to: Montana Board of Medical Examiners, PO Box 200513, 301 South Park Avenue 4<sup>th</sup> Floor, Helena, Montana 59620-0513.

**Note: Do not mail your payment without a Program ID number, it is almost impossible to assure your payment and course will match up without it; delaying any review of your course and delaying your proposed starting date.**

  - d. Once the payment has been received the application will begin the review process, be sure to allow enough time before beginning your classes (*I'd suggest no less than 60 days*). Your courses may not begin until your program is approved. .
4. Process for **AMENDING** an approved Program Application:
  - a. Using your saved original application, open it, make the necessary changes, save the amended application (*under a different file name*) and email to [kthreet@mt.gov](mailto:kthreet@mt.gov).
  - b. Be sure to identify "amended application" on the top of every page.

### **IMPORTANT:**

- **Remember to save your original, amended applications with a different name (*otherwise the original will be over written*).**
- **Allow enough time for your check and the application to be reviewed and approved, courses may not begin without approval.**
- **Remember to provide your successful students a certificate or letter of course completion; they will be required to provide a copy with their application for Montana EMT licensure. Make sure your certificate or letter makes reference to the approved program ID number and ending date of course.**
- **Only students that have successfully completed your course are allowed to sit for certification exams.**

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**Electronic Application for Program Approval:**

**BLS** (EMR/EMT)

**ALS** (AEMT/PARAMEDIC)

1. NAME OF AGENCY THE APPLICATION IS BEING SUBMITTED FOR:
  
2. LEAD INSTRUCTOR FULL NAME: (last, first, middle)
  
3. E-MAIL ADDRESS:
  
4. TELEPHONE: Business (      )                  Home: (      )                  Fax: (      )
  
5. LEVEL OF LICENSE                   EMT- FR     EMT- B     EMT- I     EMT- P  
  
 PHYSICIAN     PHYSICIAN-ASSISTANT
  
6. LICENSE NUMBER:
  
7. I have attached (emailed) the program self-study:     YES     NO

*By submitting this application electronically I attest that the information contained in this application for course approval is accurate and complete. I will assure that the course and every instructor utilize National Standard Curricula (NSC) while instructing and the NSC course guidelines will be utilized and I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions for course approval and conducting the course. By submission of this application I take full responsibility for the offering of the identified course.*