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: dlibsdmed@mt.gov WEBSITE: www.emt.mt.gov

APPLICATION to REQUEST FOR REVIEW OF EQUIVALENT EDUCATION REQUIREMENTS: EMERGENCY MEDICAL PROVIDERS

FEES:

$25.00 – Request for Review of Equivalent Education
Make check or money order payable to the Montana Board of Medical Examiners

DOCUMENTS: The following documentation must be submitted for individuals who are applying for Request for Review of Equivalent Education

1. Certificate of completion (date of completion and location)
2. Curricula which the course or education requesting to be considered is based on
3. Contact information for the school or location of education requesting to be considered

PROCESSING PROCEDURES:

An application file must be complete before consideration.
The applicant will be notified in writing of any items missing from the application file.
An application takes 20 working days to process from the time it is complete.
You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.

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 dlibsdmed@mt.gov

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Request for Review of Equivalent Education

☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic

PLEASE TYPE OR PRINT IN INK.

(Please allow 10 working days for processing from the date that the Board has a complete routine application)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____
Street or PO Box # City and State Zip

5. HOME ADDRESS: _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home

E-MAIL ADDRESS: _____

6. TELEPHONE: ( ) _____ ( ) _____ ( ) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER: _____