

Board of Nursing  
301 South Park  
PO Box 200513  
Helena, MT 59620-0513  
(406) 444-6880  
[DLIBSDHELP@mt.gov](mailto:DLIBSDHELP@mt.gov)

## MEDICATION AIDE I RENEWAL APPLICATION

Renewal Fee for Medication Aide I: \$20.00

Check here if any information is new.

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**To practice as Medication Aide I or represent yourself as a Medication Aide I in Montana, you must hold an active Montana Medication Aide I license.**

**Your Montana Medication Aide I license will expire on March 31. This is a one-year renewal.**

**TO RENEW YOUR LICENSE ONLINE GO TO:** [www.ebiz.mt.gov/pol](http://www.ebiz.mt.gov/pol) (Online transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.)

**OR**

- 1) Complete this renewal application.
- 2) Answer the legal/disciplinary question at the bottom of the form (include DUI's, and any other criminal charges).
- 3) Submit a check or money order for \$20 made payable to the **Montana Board of Nursing**. If your check is returned to us for the reason of non-sufficient funds, your license for the upcoming year will be invalid, and you will be charged an additional administrative fee of \$30.00. Employment as a Medication Aide I with an invalid license is a violation of Montana Board of Nursing rule. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- 4) Sign and date the renewal form.
- 5) Renewals with a US Postal Service postmark after March 31 will be assessed a late renewal fee of \$20.00. **The late fee is non-refundable and non-waivable.**

**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. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

**No**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT SEND CASH**