

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

MEDICATION AIDE II RENEWAL APPLICATION

Renewal Fee for Medication Aide II: \$20.00

Check here if any information is new.

Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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

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

TO RENEW YOUR LICENSE ONLINE GO TO: 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.**

I am aware of the continuing education requirements for my medication aide II license as outlined here:
Pursuant to ARM 24.159.912(1) A Montana licensed medication aide II must complete 12 contact hours of continuing education each annual license renewal period. The continuing education must be in pharmacology and medication administration. (2) The board may prorate the requirement for continuing education contact hours upon the written request of a medication aide II who practices in Montana for a period of less than one year.

I hereby declare under penalty of perjury the information included in my renewal application to be true and complete to the best of my knowledge. In signing this renewal application, I am aware that a false statement may lead to disciplinary action against my license. The Board may audit my records to verify my compliance with the rules and regulations governing this license. I have read and am familiar with the laws and rules of the State of Montana relating to nursing and agree to comply with them.

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