

Board of Nursing
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

RN/LPN RENEWAL APPLICATION

RN - \$100.00

LPN - \$100.00

Check here if any information is new.

Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Email: _____
(If, other than the United States)

NURSE LICENSURE COMPACT DECLARATION: A primary state of residence is where you hold a Driver's License, pay taxes, or vote.

Is Montana your Primary State of Residence? Yes No

Do you hold multistate privilege in a Compact state? Yes No

Your Montana Nursing license will expire on December 31 every even-numbered year. This is a two-year renewal period.

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) Answer the Continuing Education Attestation Statements.
- 4) Choose a license status by checking the appropriate box above and submitting a check or money order in the amount of \$100.00 for RN or LPN licensure made payable to the **Montana Board of Nursing**. If your check is returned, your license will become invalid, and you will be charged an additional administrative fee of \$30.00. Practicing nursing with an invalid license is a violation of the Nurse Practice Act. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- 5) Sign and date the renewal form.
- 6) Renewals with a U.S. Postal Service postmark after December 31st will be assessed a late renewal fee of \$100 for Active Status. **The late fee is non-refundable and non-waivable.**

CONTINUING EDUCATION ATTEST STATEMENTS: As an RN or LPN you must attest at renewal that you have completed 24 contact hours between Jan 1, 2015 and Dec 31, 2016 or you cannot renew. If you were not licensed for that full two year period, your requirement is pro-rated, meaning you need one contact hour per month licensed in the renewal period. Keep all of your completed continuing education certificates and if you should be selected in a random audit, you will be notified by mail and asked to produce those certificates. (CE requirements are on the Board website www.nurse.mt.gov, click on the "Regulations" tab, select "Administrative Rules" and click on " Subchapter 21 - Renewals and Continuing Education".)

I am aware of the continuing education requirements pertaining to my RN/LPN licensure and hold myself responsible for fulfilling these requirements. I will submit "proof of attendance" when audited or upon request by the Board.

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