

MONTANA BOARD OF NURSING
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5711
EMAIL: nurse@mt.gov WEBSITE: www.nurse.mt.gov

EXAMINATION TEMPORARY PERMIT APPLICATION

Registered Nurse - \$25.00

Practical Nurse - \$25.00

PLEASE PRINT OR TYPE

Applicant's Name: _____ Birth Date: _____
(Permit Holder)

Employer Name: _____
(Business Name)

Employer Address: _____
Street City State Zip

Number of Supervisors: One Two Three

Montana Employer Sworn Statement Under Penalty of Perjury

I hold an unencumbered Registered Nurse license in the State of Montana. I agree to ensure that the permit holder is directly supervised at all times, which means that the below named supervisor(s) as defined in Montana Board of Nursing rules under ARM [24.159.1021](#) and [24.159.1221](#) is on the premises when and where the permit holder is working.

Print Supervisor #1 Name and Title: _____

Supervisor License Number: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

Print Supervisor #2 Name and Title: _____

Supervisor License Number: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

Print Supervisor #3 Name and Title: _____

Supervisor License Number: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____