

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

INSTRUCTIONS FOR MEDICATION AIDE I LICENSURE:
(Medication Aide I licensure may only be used in Assisted Living Facilities)

FEES:

- Application fee is \$25.00
- Fees are payable to the Montana Board of Nursing by check, money order, or cashier's check.
- Please enclose your payment with your application.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

LICENSURE REQUIREMENTS: (See rule [24.159.901](#) and [24.159.910](#))

- Successfully passed a board approved Medication Aide I training course or hold an unencumbered Medication Aide certification or license in another state.
- It is the applicant's responsibility to ensure that official course completion certificate is sent directly from the Medication Aide course location to the Montana Board of Nursing.
- Provide proof the applicant is at least 18 years of age.
- Provide proof the applicant has a high school diploma or equivalent.
- It is critical to your licensure to not withhold any information regarding each question on the application.

EXAMINATION INFORMATION:

- Register with D&S Diversified Technologies-Headmaster at www.hdmaster.com.
- Successfully pass the Medication Aide I exam within 12 months of completion of the Medication Aide I training program.
- If the applicant does not pass the Medication Aide I exam in 3 attempts, they must retake the Medication Aide I training program prior to attempting the exam a 4th time.

VERIFICATION OF LICENSURE (Proof of licensure from other states, if applicable):

- The applicant is responsible for requesting official verification for ALL professional licenses held within the last two years, regardless of status.
- Photocopies of licenses do not qualify as official verification and should not be included with your application.

FINGERPRINT/BACKGROUND CHECK PROCESS:

- Read and attest to reading the Noncriminal Justice Applicant's Rights form (included in the application).
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

EMPLOYER AND ADDRESS: Board of Nursing, PO Box 200513, Helena, MT 59620-0513
REASON FINGERPRINTED: Licensure & 37-8-434, MCA
ORI: MT920089Z

- Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, **send the completed fingerprint card along with a check or money order for \$27.25 made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403.** Please check with your local post office and add accurate postage prior to mailing.

FINGERPRINT/BACKGROUND CHECK PROCESS CONTINUED:

- If DOJ rejects your first fingerprint card as “unreadable,” the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Nursing. Your application will not be considered complete until the CHRI is received from the DOJ.**

APPLICANT <small>*See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
FD-258 (REV.3-1-10) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		D R I I MT920089Z		FBI	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		DATE OF BIRTH DOB Month Day Year	
EMPLOYER AND ADDRESS Board of Nursing PO Box 200513 Helena MT 59620-0513		YOUR NO. OCA		SEX RACE HGT. WGT. EYES HAIR		PLACE OF BIRTH POB	
REASON FINGERPRINTED Licensure & 37-8-434, MCA		FBI NO. FBI		ARMED FORCES NO. MNU		LEAVE BLANK	
		SOCIAL SECURITY NO. SOC		CLASS			
		MISCELLANEOUS NO. MNU		REF			
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING	
5. R. LITTLE		6. L. THUMB		7. L. INDEX		8. L. MIDDLE	
9. L. RING		10. L. LITTLE		LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

SAMPLE

RENEWAL:

- All licenses expire on March 31 yearly.
- Renewal notices are mailed 45 days prior to the expiration date to your address of record. Change of address form is available at www.nurse.mt.gov, under the Forms tab.

NON-ROUTINE APPLICATIONS: (see ARM 24.159.403)

- If the completed application is non-routine, there may be a delay in processing.
- The Board may request that you provide additional information, and you may be requested to be available in person or by phone for the Board during a regularly scheduled board meeting.
- A complete application must be received by the board 15 business days prior to a scheduled board meeting. Please refer to our website for Board meeting dates.

☐ **IMPORTANT INFORMATION FOR ALL APPLICANTS:**

- The applicant will be notified of any deficiencies in their application.
- Official licensure status can be accessed via the "Licensee Lookup" system on the board website, www.nurse.mt.gov.
- It is the responsibility of the applicant to keep the board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at www.nurse.mt.gov, under the Forms tab.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. Application Fees must be paid before your application can be reviewed. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Nursing.

MEDICATION AIDE I'S ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.

APPLICATION FOLLOWS

13. PROFESSIONAL EDUCATION:

Name of Medication Aide I program attended: _____

Location of program: _____

City _____ State _____ Zip Code _____

Date of completion of the Medication Aide I program (MM/DD/YYYY): _____

14. LICENSE VERIFICATION DOCUMENTS

List any nursing licenses that you have previously held. Indicate below all professional licenses you hold or have ever held in another state/province/territory. Failure to list any past nursing licenses constitutes a falsification of your application and will result in a declined status of your application and/or disciplinary action.

State	Other Jurisdiction	License Type	License Number	Verification Requested	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

15. PREVIOUS LICENSURE

Please only list professional and occupational licenses that have been issued to you from this agency. Do not include drivers license, hunting license, etc.

Licensed in Montana?		License Type	License Number	State
Yes	No			
Yes	No			
Yes	No			
Yes	No			

16. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

17. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

18. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

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| 19. | Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 20. | Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 21. | Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 22. | Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fine of less than \$200; and (2) convictions prior to your 18 th birthday unless you were tried as an adult. | Yes | No |
| 23. | Have you ever been diagnosed with substance use disorder or another addiction, or have you participated in an addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 24. | Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. | Yes | No |
| 25. | Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. | Yes | No |
| 26. | Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 27. | Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |

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| 28. | Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 29. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 30. | Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 31. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 32. | Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant _____ Date _____

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by the Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Signature

Date

Printed Name

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



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REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold or ever have held a license. Complete the form and mail it to any state board in which you are requesting official license verification be sent to the Montana Board of Nursing. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the board(s) prior to mailing in this form to see if you need to include payment.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice as a Medication Aide I in the State of Montana and the Nursing Board requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Nursing
PO Box 200513
Helena, MT 59620-0513
Or
Email at: unitb@mt.gov

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____
Street or PO Box #

_____ City

_____ State

_____ Zip

My License Number from your State is: _____ License Type: _____