

RENEWAL APPLICATION

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

License No _____

Check For New Address.
Indicate any changes below.

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

ACTIVE - \$75.00

INACTIVE - \$50.00

Your Montana Respiratory Care license will expire on May 1.

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 all the information on the renewal application.
2) Read the continuing education affirmation below.
3) Answer the disciplinary question at the bottom of the form.
4) Submit a check or money order for the appropriate amount of Active \$75.00 or Inactive \$50.00 made payable to the Board of Respiratory Care Practitioners. Do not send cash. Canadian and foreign residents must pay in U.S. funds only.
5) Renewals postmarked after May 1st will be assessed a late fee of 100% of the renewal fee increasing the total for Active to \$150.00 or Inactive to \$100.00.
6) Incomplete or unsigned renewal applications will not be processed and will be returned.

I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline.

Continuing Education Affirmation:

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by 37-1-141 (2), MCA; 37-28-104 (1), MCA; ARM 24.213.2101, 24.213.2104, 24.213.2107, 24.213.2111, 24.213.2114, and 24.213.2121 and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

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