

RENEWAL APPLICATION

Board of Respiratory Care Practitioners
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 841-2300

License No

Check For New Address.
Indicate any changes below.

Name
Address
City State Zip
Country

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 attest statement below.
- 3) Answer the disciplinary questions at the bottom of the form.
- 4) Submit a check or money order for the appropriate amount (Active \$75.00) (Inactive \$50.00) made payable to the Board of Respiratory Care Practitioners. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a postal service postmarked after May 1st will be assessed a penalty fee by state law of 100% of the renewal fee increasing the total to (Active \$150.00) (Inactive \$100.00) **No Exceptions!**
- 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 Attest Statement:

I am aware of the continuing education requirement and hold myself responsible for fulfilling that requirement. I will submit "proof of attendance" when audited or upon request by the Board. YES NO

YES NO **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?** 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.

Your signature: _____ Date: _____

DO NOT SEND CASH