

**MONTANA BOARD OF NURSING**

PO Box 200513, Helena, MT 59620-0513 (Mailing address)  
301 S Park Ave, 4th Floor, Helena, MT 59601 (Physical address)  
**EMAIL:** nurse@mt.gov **WEBSITE:** nurse.mt.gov  
**ONLINE APPLICATION PORTAL:** ebiz.mt.gov/pol

**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 a supervisor holding a license 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: \_\_\_\_\_

A complete temporary permit application may be submitted and paid for one of these ways:

- when completing the full application online, you click the "yes" button when answering the question, "Are you requesting a temporary permit?", this will automatically assess the \$25.00 fee, which you will be required to pay before your full application will submit. If you choose this option, then you can submit the completed temporary permit application by emailing to nurse@mt.gov or uploading to the Attachments section of your application when you log in to <https://ebiz.mt.gov/pol/>.
- if you clicked "no" to the "Are you requesting a temporary permit?" question and after submitting your full application received an offer of employment with your employer requesting you pursue a temporary permit, you may mail in this completed form with a check for \$25.00 to the mailing address above, or you may email this form to [dlibsdlhelp@mt.gov](mailto:dlibsdlhelp@mt.gov) and request the \$25.00 fee be assessed to your online account - once you log in to <https://ebiz.mt.gov/pol/> and pay the fee, we will further process your application.