

License No	<input type="text"/>
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Name

City State Zip Code

Email **Check if New Address:**

Active \$550.00 Inactive \$275.00

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> (Online transactions must be completed by 11:59 PM, Mountain Time, on April 30th, otherwise resulting in a late fee.)

Instructions for Paper Renewal Form:

1. Complete the renewal application and select your status above.
2. Answer the disciplinary question below.
3. Complete the CPR, Neonatal Resuscitation, and continuing education attest statements below.
4. Submit a check or money order for the amount indicated above made payable to the Board of Alternative Health Care. Do not send cash.
5. Renewals with a U.S. Postal Service postmark after April 30th will be assessed a penalty fee of 100% of the renewal fee(s) per state law.
6. Sign the renewal application. Incomplete or unsigned renewal applications will not be processed and will be returned.

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

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.111.2103 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.

CPR REQUIREMENT:

I have a current and unexpired CPR card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement.

NEONATAL RESUSCITATION REQUIREMENT:

I have a current and unexpired Neonatal Resuscitation card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement.

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature: _____ Date: _____