

BOARD OF ALLIED HEALTHCARE PROFESSIONALS

**Teleconference/In Person
301 S. Park Ave
Helena, MT
4th Floor Large Conference Room**

MARCH 5, 2026

3:00P.M. – CONCLUSION

Zoom Meeting Information:

<https://mt-gov.zoom.us/j/81527495841>

Meeting ID: 815 2749 5841

Passcode: 738039

Call- In Information:

1 646 558 8656

**Call to Order – Establish Quorum – Introduction
of Board and Staff Members Present**

Approval and Tentative Modification of Agenda Order

Montana Board of Allied Healthcare Professionals

Full Board Meeting AGENDA

Thursday, March 5th, 2026
3:00p.m. -Conclusion

Teleconference and In person
301 S. Park Ave
Helena MT

Zoom Link:

<https://mt.gov.zoom.us/j/81527495841?pwd=Pjl2lucHF5tvcbJwkbJds9IGkRaODL.1>
Meeting ID: 815 2749 5841

Password: 738039

Call-In Number:
+1 646 558 8656

Press *6 to unmute, *9 to raise hand.

A. Call to Order

- a. Executive Officer: Call the meeting to order.
- b. Executive Officer:
 1. Call roll for board members
 2. Introduce staff

B. Possible Modification and Approval of Agenda Order

C. Department Updates – Kevin Bragg, Professional Licensing Bureau Chief

D. Public Opportunity to Comment

The board now offers the public in attendance an opportunity to comment on any public matter under the jurisdiction of the board that is not on the current agenda. The board cannot act but will listen to comments and may ask staff to place the issue on a future agenda. The Presiding Officer may limit the comment period to proceed with the board meeting.

E. Board Action

a. Administrative Rulemaking – MAR 2025-147.1 PROPOSAL

TRANSFER AND AMEND

1. 24.129.402 SUPERVISION
2. 24.129.603 MINIMUM STANDARDS FOR CLINICAL LABAORATORY LICENSURE
3. 24.129.610 INACTIVE STATUS
4. 24.129.611 REACTIVATION OF INACTIVE LICENSE
5. 24.129.612 TEMPORARY PRACTICE PERMITS
6. 24.204.408 RADIOLOGIC TECHNOLOGISTS APPLICATIONS
7. 24.404.415 INSPECTIONS
8. 24.204.501 LIMITED PERMIT APPLICATION – TYPES
9. 24.204.504 PERMITS – PRACTICE LIMITATIONS

ADOPT

10. 24.204.507 COURSE REQUIREMENTS FOR LIMITED PERMIT APPLICANTS
11. 24.204.511 PERMIT EXAMINATIONS
12. 24.204.601 QUALIFICATIONS
13. 24.204.603 SCOPE OF PRACTICE - SPECIFIC DUTIES AND FUNCTIONS
14. 24.204.605 SCOPE OF REQUIRED SUPERVISION
15. 24.213.301 DEFINITIONS
16. 24.213.408 EXAMINATION
17. 24.213.504 AUTHORIZATION TO PERFORM PULMONARY FUNCTION TESTING
18. NEW RULE 1 BOARD ORGANIZATION
19. NEW RULE 2 PROCEDURAL RULES
20. NEW RULE 3 PUBLIC PARTICIPATION
21. NEW RULE 4 FEES
22. NEW RULE 5 FEE ABATEMENT
23. NEW RULE 6 ADMINISTRATIVE SUSPENSION
24. NEW RULE 7 NONROUTINE APPLICATIONS
25. NEW RULE 8 APPLICANTS WITH CRIMINAL CONVICTIONS
26. NEW RULE 9 SUBSTANTIAL EQUIVALENCY
27. NEW RULE 10 CONTINUING EDUCATION
28. NEW RULE 11 UNPROFESSIONAL CONDUCT

REPEAL

29. 24.129.101 BOARD ORGANIZATION
30. 24.129.202 PUBLIC PARTICIPATION
31. 24.129.401 FEES
32. 24.129.405 INSPECTIONS
33. 24.129.605 MILITARY TRAINING OR EXPERIENCE
34. 24.129.606 NONROUTINE APPLICATIONS
35. 24.129.608 APPLICANTS WITH CRIMINAL CONVICTIONS
36. 24.129.2101 CONTINUING EDUCATION REQUIREMENTS
37. 24.129.2301 UNPROFESSIONAL CONDUCT
38. 24.204.101 BOARD ORGANIZATION
39. 24.204.201 PROCEDURAL RULES
40. 24.204.202 PUBLIC PARTICIPATION
41. 24.204.401 FEE SCHEDULE

- 42. 24.204.404 PERMIT FEES
- 43. 24.204.406 ABATEMENT OF RENEWAL FEES
- 44. 24.204.409 MILITARY TRAINING OR EXPERIENCE
- 45. 24.204.411 REPLACEMENT LICENSES AND PERMITS
- 46. 24.204.414 HARDSHIP TEMPORARY PERMITS
- 47. 24.204.417 NONROUTINE APPLICATIONS
- 48. 24.204.607 CODE OF ETHICS
- 49. 24.204.2101 CONTINUING EDUCATION
- 50. 24.204.2102 WAIVER OF CONTINUING EDUCATION REQUIREMENT
- 51. 24.204.2116 RENEWAL - PROOF OF GOOD STANDING
- 52. 24.204.2301 UNPROFESSIONAL CONDUCT
- 53. 24.213.101 BOARD ORGANIZATION
- 54. 24.213.201 PROCEDURAL RULES
- 55. 24.213.202 PUBLIC PARTICIPATION
- 56. 24.213.401 FEE SCHEDULE
- 57. 24.213.403 ABATEMENT OF RENEWAL FEES
- 58. 24.213.406 NONROUTINE APPLICATIONS
- 59. 24.213.407 APPLICANTS WITH CRIMINAL CONVICTIONS
- 60. 24.213.423 ADMINISTRATIVE SUSPENSION
- 61. 24.213.2130 CONTINUING EDUCATION
- 62. 24.213.2310 UNPROFESSIONAL CONDUCT
 - a. Accept Public Comment
 - b. Discussion
 - c. Board motion and vote

b. Election of Officers

- 1. Presiding Officer
 - a. Accept public comment
 - b. Nominations and vote to elect presiding officer
- 2. Vice-Presiding Officer
 - a. Accept public comment
 - b. Nominations and vote to elect vice-presiding officer

F. Executive Officer Reports

- a. Fiscal Report
- b. Licensing Report

G. Next Meeting(s)

H. Adjournment

NOTICE

For disability accommodations, or help accessing the meeting, please call (406) 841-2209.

The agenda may be changed up to 48 hours before the meeting. The most current agenda can be found at boardmeetings.dli.mt.gov. The board may reorder the agenda at the beginning of the meeting.

Department Updates
Kevin Bragg, Bureau Chief

Public Opportunity to Comment

(Presiding Officer Statement) “Under this item, the Board will offer an opportunity to members of the public in attendance to comment on any public matter under the jurisdiction of the Board that is not on the agenda of this meeting. While the Board cannot take action on any issues presented, the board will listen to comments and may ask staff to place the issue on a subsequent agenda. The presiding officer may limit the comment period in order to proceed with the board meeting.”

Board Action

a. Administrative Rulemaking

i. MAR 2025-147.1 Proposal

- a. Accept public comment
- b. Discussion
- c. Board Motion and Vote

ii. Election of Officers

- a. Accept public comment
- b. Discussion
- c. Board Motion and Vote



February 19, 2026

TO: Board of Allied Healthcare Professionals
FROM: Amy Pfarr, Executive Officer
RE: Administrative Rulemaking, MAR 2025-147.1 Proposal

TRANSFER AND AMEND

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62. 24.213.2310 UNPROFESSIONAL CONDUCT

At this meeting the board will take action to start rulemaking in order to implement legislation passed by the 2025 Legislature.

- The 2025 Legislature passed House Bill (HB) 502, which effectuated the consolidation of three boards—Clinical Laboratory Science Practitioners, Respiratory Care Practitioners, and Radiologic Technologists—into the Board of Allied Health Care Professionals. There is reasonable necessity for this new board to establish the standards applicable to all license types under its jurisdiction. As a result of the consolidation, the rules of the three boards will no longer be effective. To provide clarity of process, the administrative rules of each board are specifically addressed in this rulemaking—rules are proposed for transfer and amendment or repeal. In addition, this rulemaking proposes

several new rules. The primary effort of this rulemaking is to eliminate duplication from the rules currently in place and to effectuate stand-up of the new board. Substantive changes are proposed primarily where there is statutory duplication or change is necessitated by legislation.

- adopting an annual, published list of states that are currently substantially equivalent to Montana's licensing requirements as set by the board to increase efficiency in the application process for the public and staff under HB 246.

Included with this item is a draft of the rules that will be included in this package. Any changes to existing language is shown using underlining and strikethrough. Additional information regarding the proposed changes are also described in the Reasonable Necessity Statements throughout the proposal notice draft.

The public is also welcome to offer verbal comments at the meeting during the public comment portion of this item.

Included with this item in addition to my memo are the following documents:

- a copy of the draft rule proposal package in its entirety;
- to supplement New Rule 9, spreadsheets covering a 50-state survey comparing the education, examination, and experience requirements of other states, along with my determination for the board to review (listed in Column B) as to whether a state's license qualifications are substantially equivalent to the Montana license qualifications. The spreadsheets with the determinations of substantial equivalency will be adopted by reference through New Rule 9. By adopting New Rule 9 the board will be adopting the spreadsheet analysis for those license types and states.

Accept Public Comment

Following the introduction from the executive officer, the chair will open this item up for public comment. This is an opportunity for members of the public to briefly offer comments on all rules contained within this item so the board can take those comments into consideration during board discussion.

Board Discussion

Following all public comment, the board will discuss each rule individually. I will introduce each rule as we move through them. In addition to myself, department counsel Jennifer Stallkamp will be in attendance to advise the board and answer questions from members.

Board member discussion includes any potential changes to the draft package. Once the board has completed its discussion on all rules, the board will perform a small business impact analysis of the proposed changes for the rules. I will help lead the board through that analysis by having the board consider the following factors:

- First, identify by class or group the small businesses probably affected by the proposed rule (if any);
- Next, discuss what probable significant and direct effects the proposed rule has on those

small businesses (if any);

- Finally, determine if the changes increase or decrease any monetary amounts a person will pay or receive (if any).

No motions need to be made until the board has discussed and made decisions through consensus on all rules in the package and completed a small business impact determination. When the board has discussed all the rules, it can proceed with a motion and voting. The below motion also incorporates the discussion on the substantial equivalency spreadsheet being adopted through reference by NEW RULE 9.

Board Motion and Vote

Possible Motion (SAMPLE): Move to propose to amend and adopt the following rules package as presented and discussed.

Next Steps after 3/5/2026 Board Meeting

Below is an approximate timeline of next steps in the rulemaking process following action by the board at this meeting. This is subject to change.

- Following board meeting and board action on 3/5/26 – rule notice sent by department staff to Governor's Office for review and approval. Once approved, the notice will be filed with Secretary of State to initiate the rulemaking and public comment process.
- (Tentative) - proposal notice published by Secretary of State (date contingent on Governor's Office approval to file). Once published, this is the start of official public comment period on the board's proposed rules.
- (Tentative) March through June 2026 – 28-day public comment period on rulemaking. Exact dates of public comment depend on when the notice is published by the Secretary of State.
- Hold regularly scheduled board meeting. Board will respond to comments and then vote to move forward with adoption. Following the board meeting the adoption notice will be reviewed by the Governor's Office and filed with the Secretary of State.
- (Tentative) Late July through October 2026 – changes to rules take effect. Exact date will depend on when the adoption notice is published by the Secretary of State's Office.



MONTANA
ADMINISTRATIVE
REGISTER



**BOARD OF ALLIED HEALTH CARE PROFESSIONALS
DEPARTMENT OF LABOR AND INDUSTRY**

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2025-147.1

Summary

Adopting rules for the Board of Allied Health Care Professionals

Hearing Date and Time

[hearing_date], at [hearing_time] [hearing_ampm]

Hearing Information

Comments

Concerned persons may present their data, views, or arguments at the hearing. Written data, views, or arguments may also be submitted at dli.mt.gov/rules or P.O. Box 1728; Helena, Montana 59624. Comments must be received by [comment_date], at 5:00 p.m.

Accommodations

The agency will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. Requests must be made by [accommodations_deadline], at 5:00 p.m.

Contact

[issue_number]

General Reasonable Necessity Statement

The 2025 Legislature passed House Bill (HB) 502, which effectuated the consolidation of three boards—Clinical Laboratory Science Practitioners, Respiratory Care Practitioners, and Radiologic Technologists—into the Board of Allied Health Care Professionals. There is reasonable necessity for this new board to establish the standards applicable to all license types under its jurisdiction. As a result of the consolidation, the rules of the three boards will no longer be effective. To provide clarity of process, the administrative rules of each board are specifically addressed in this rulemaking—rules are proposed for transfer and amendment or repeal. In addition, this rulemaking proposes several new rules. The primary effort of this rulemaking is to eliminate duplication from the rules currently in place and to effectuate stand-up of the new board. Substantive changes are proposed primarily where there is statutory duplication or change is necessitated by legislation.

Rulemaking Actions

TRANSFER AND AMEND

The rules proposed to be transferred and amended are as follows, stricken matter interlined, new matter underlined:

24.129.402 SUPERVISION

- (1) The degree of supervision required of the clinical laboratory technician by the clinical laboratory scientist or specialist shall be determined by the supervisor after an evaluation of appropriate factors including but not limited to the following:
 - (a) the complexity of the test to be performed;
 - (b) the training and capability of the technician to whom the laboratory test is delegated; and
 - (c) the demonstrated competence of the technician in the procedure being performed.
- (2) The supervisor shall make written documentation after an evaluation has occurred and a copy of the evaluation shall be made available to the technician.

- (3) The supervisor must keep written documentation of the evaluation in accessible written or electronic format.
- (4) Depending on the evaluation made pursuant to (1), the supervisor shall make a determination of how critical it is for the supervisor to be immediately available to provide guidance and supervision to the technician. The supervisor shall make a determination based on all relevant factors whether to be accessible via onsite, telephonic, or electronic consultation and shall identify the level of supervision, or different levels of supervision for different tests, on the written evaluation of the technician.
 - (a) Onsite supervision means that the supervisor is physically present on the premises and immediately available for direction and supervision of the technician at all times.
- (5) The supervisor shall promptly provide copies of the evaluations of technicians to the board or board's representative upon request.

Authorizing statute(s): ~~37-34-201~~ 37-46-103, MCA

Implementing statute(s): 37-34-103, ~~37-34-201~~ 37-34-305, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.129.603 MINIMUM STANDARDS FOR CLINICAL LABORATORY LICENSURE

- (1) In addition to the requirements of 37-34-303, MCA, applicants for licensure shall meet the following additional qualifications:
 - (a) Applicants for a license as a clinical laboratory scientist must have graduated from an accredited college or university with a baccalaureate degree with at least 36 semester or 54 quarter hours in the physical and biological sciences. The applicant must also have passed a generalists examination offered by a national certifying body for clinical laboratory scientists.
 - (b) Applicants for a license as a clinical laboratory specialist must have graduated from an accredited college or university with a baccalaureate degree with at least 36 semester or 54 quarter hours in the physical and biological sciences. The applicant must also have passed a specialist examination offered by a

national certifying body for clinical laboratory specialists. The following are areas of clinical laboratory science for which the board will grant a specialist's license:

- (i) clinical chemistry;
 - (ii) hematology;
 - (iii) microbiology;
 - (iv) cytology;
 - (v) immunohematology;
 - (vi) cytogenetics; and
 - (vii) molecular biology.
- (c) Applicants for a license as a clinical laboratory technician must have graduated with an associate degree or possess 60 semester or 90 quarter hours in a science-related discipline, or completed a military medical laboratory training program of at least 12 months in duration. The applicant must also have passed a technician examination offered by a national certifying body for clinical laboratory science technicians.
- (2) Examinations administered by the following national certification agencies are approved by the board:
- (a) American Association of Clinical Chemists (AACC);
 - (b) American Medical Technologist (AMT);
 - (c) American Society for Clinical Pathology (ASCP);
 - (d) American Society for Microbiology (ASM);
 - (e) International Society for Clinical Laboratory Technology (ISCLT);
 - (f) American Board of Medical Genetics (ABMG);
 - (g) National Registry of Certified Chemists (NRCC);
 - (h) National Certification Agency (NCA); or
 - (i) American Association of Bioanalysts (AAB).
- (3) Applicants holding valid licensure to practice in another state or jurisdiction shall submit verifications from all states where the applicant has held or holds a license.
- (4) Foreign-trained applicants shall be required to use an evaluation of educational background performed by the World Education Services (WES) or another evaluating entity approved by the board.

Authorizing statute(s): 37-1-131, ~~37-34-201~~ 37-46-103, MCA

Implementing statute(s): 37-1-131, 37-34-303, 37-34-305, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. The title of the rule is amended to include the title of the license type it governs. Due to the consolidation of multiple license types under a single board, this will provide clarity for users.

24.129.610 INACTIVE STATUS

- (1) A licensee may place the licensee's license on inactive status by:
 - (a) submitting a written request for inactive status; ~~and~~
 - (b) paying the required fee ~~in accordance with 37-1-134, MCA, and ARM 24.129.401;~~ and
 - (c) renewing the inactive license.
- ~~(2) A licensee on inactive status has sole responsibility for providing the board information regarding changes in residency or mailing address.~~
- ~~(3) With annual renewal, and payment of the required fee in accordance with ARM 24.129.401, a licensee may remain on inactive status.~~
- ~~(4)~~(2) No continuing education hours are required to maintain a license on inactive status.

Authorizing statute(s): 37-1-131, 37-1-134, 37-1-319, 37-46-103, MCA

Implementing statute(s): 37-1-131, 37-1-134, 37-1-141, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. Subsections (2) and (3) are proposed to be stricken as unnecessary.

24.129.611 REACTIVATION OF INACTIVE LICENSE

- (1) For a licensee to reactivate an inactive license, the licensee must:
 - (a) file a reactivation of inactive status application form, as provided by the board, and pay the required fee ~~in accordance with ARM 24.129.401~~; and
 - (b) submit proof of obtaining the required continuing education ~~in accordance with ARM 24.129.2101~~, for the two-year period immediately preceding the submission of a reactivation application.

Authorizing statute(s): 37-1-131, 37-1-319, ~~37-34-201~~ 37-46-103, MCA

Implementing statute(s): 37-1-131, 37-1-319, ~~37-34-201~~ 37-1-141, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. Cross references are proposed to be stricken as unnecessary and incorrect due to the transfer of rules.

24.129.612 ~~TEMPORARY PRACTICE PERMITS~~ PROVISIONAL LICENSES

- (1) An applicant for a ~~temporary practice permit~~ provisional license must:
 - (a) make application to the board on approved application forms;
 - (b) provide original college transcripts;
 - (c) pay the appropriate fee;
 - (d) be approved to take the first available examination; and
 - (e) identify the licensed individual(s) who shall be responsible for providing direct, onsite supervision.
- (2) A ~~temporary practice permit~~ provisional license expires after 120 days from the day of issuance.
- (3) Only one ~~temporary practice permit~~ provisional license will be issued per applicant.
- (4) An applicant who fails the exam must notify the board office immediately. Failure of the examination automatically ~~voids the temporary practice permit~~ expires the provisional license.

- (5) The applicant may retake the examination, but another ~~temporary practice permit~~ provisional license will not be issued.

Authorizing statute(s): 37-1-319, 37-46-103, MCA

Implementing statute(s): ~~37-1-305~~ 37-1-144, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. References to temporary practice are amended to refer to provisional licensing due to legislative changes in HB 414 (2025), which standardized across all occupational licensing boards use of the terms temporary license and provisional license.

24.204.408 RADIOLOGIC TECHNOLOGISTS APPLICATIONS

- (1) Applications shall be made on forms provided by the department.
- ~~(2)~~ The application must be complete, accompanied by the appropriate fee(s), and contain sufficient evidence that the applicant possesses the qualifications set forth in Title 37, chapter 14, MCA, and rules promulgated thereunder.
- ~~(3)~~ The board shall review fully completed nonroutine applications for compliance with board law and rules. The board may request additional information or clarification of information provided in the application as it deems reasonably necessary. Applicants shall be informed of incomplete applications with a statement regarding incomplete portions.
- ~~(4)~~ The applicant shall correct any deficiencies and provide the missing information as requested. Failure to provide the missing information within 60 days shall be treated as a voluntary withdrawal of the application. In order to consider an applicant after voluntary withdrawal, a new application and fee(s) is required.
- ~~(5)~~(2) An application for licensure shall be submitted to the board office with copies of the following documents:
- ~~(a)~~ three statements from persons attesting to the applicant's good moral character;
 - ~~(b)~~(a) application fee; and
 - ~~(c)~~ original license fee; and

~~(d)~~(b) evidence of certification by the American Registry of Radiologic Technologists (ARRT) in x-ray technology. This evidence shall consist of the applicant being listed in the current ARRT directory. When the applicant is not listed in the current ARRT directory, the applicant shall submit to the board a certified copy issued by the ARRT of the original registration certificate. This certification must be maintained throughout licensure and attested to on renewal.

~~(6) Applications and related data will be kept in permanent files and maintained by the board office.~~

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, MCA

Implementing statute(s): ~~37-14-302~~, 37-14-305, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the application requirements under the Board of Allied Health Care Professionals. There is necessity to strike subsection (5)(a) because it constitutes a barrier to entry without providing a merits-based assessment of the qualifications of an applicant for licensure. Statutorily, a license applicant is required to be of good moral character; that three people write a statement to that effect does not constitute reasonable evidence of the same. There is necessity to strike subsection (5)(c) because the fee types are proposed to be consolidated in this rulemaking. There is reasonable necessity to strike subsections (2)-(4) and (6) because they set forth business process which need not be in rule.

24.204.415 [24.110.815] INSPECTIONS

- (1) An inspection shall be conducted by the board or its designees in accordance with 37-14-322, MCA.
- (2) A reinspection shall be made for any noncompliance found by the board or its designees ~~in accordance with 37-14-307, MCA.~~
- (3) The inspection will commence no later than 20 minutes after the inspector's arrival.
- (4) It is up to the employer of a licensee or permit holder to determine whether licenses and permits must be posted at the facility.
- (5) Licenses or permits not posted must be immediately available to the inspector upon request.

Authorizing statute(s): ~~37-14-202~~ 37-46-103, MCA

Implementing statute(s): ~~37-14-307~~, 37-14-322, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.204.501 LIMITED PERMIT APPLICATION - TYPES

- (1) A ~~temporary practice~~ limited permit as provided in 37-14-306, MCA, may be obtained by radiologic technologist course graduates who have completed all requirements for licensure other than passage of the American Registry of Radiologic Technologists (ARRT) examination. In reference to 37-14-306, MCA, when the examination has been taken, the ~~temporary~~ limited permit is valid until notification by the examination service that the person either fails the first license examination for which the person is eligible following issuance of the ~~temporary~~ limited permit, or passes the examination and is granted a license.
- (2) A limited ~~practice~~ permit as provided in 37-14-306, MCA, may be obtained by:
 - (a) graduates of a minimum 104-hour board approved course set forth in ARM ~~24.204.507~~ [24.110.827]; or
 - (b) students who have completed half of a radiologic technologist program accredited by a mechanism recognized by the ARRT.
- ~~(3)~~ A ~~temporary regional hardship~~ permit as provided in ~~37-14-306~~, MCA, may be sought by applicants under the circumstances set forth in ~~ARM 24.204.414~~.
- ~~(4)~~(3) Upon approval of the limited permit application, the applicant shall submit the appropriate examination fee.
- ~~(5)~~(4) Upon passage of the examination, the license is issued. Applicants who fail the examination must make a request to the board to be registered for the examination again and pay the examination fee.

Authorizing statute(s): 37-1-131, ~~37-14-202~~, 37-14-306, 37-46-103, MCA

Implementing statute(s): 37-14-305, 37-14-306, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. There is necessity to change references from “temporary practice” to “limited permit” due to changes made in HB 414. These changes did not substantively change the purpose of the permit, but changed its title. However, the regional hardship permit was stricken from statute in the bill. As a result, there is necessity to repeal subsection (3).

24.204.504 LIMITED PERMITS - PRACTICE LIMITATIONS

- (1) Upon successful completion of the required formal training and the required examination, the board may issue a limited permit to the applicant which specifies the x-ray procedures the limited permit holder is authorized to perform. The limited permit holder may only take x-rays as follows:
 - (a) in the chest area, consisting of the thoracic region including the lungs, AP (anterior posterior) or PA (posterior anterior) views, lateral and apical lordotic routine chest exposures, and other views as needed by the ordering physician or interpreting radiologist, but in no case involving mammography procedures;
 - (b) of the extremities, AP or PA, lateral, and oblique routine exposures;
 - (c) of the spine, AP, lateral, and oblique routine exposures of the cervical, thoracic, and lumbar areas;
 - (d) all routine views of the skull and sinuses, with the exception of internal auditory canal series and mastoid series;
 - (e) of the abdomen, consisting of the region from the diaphragm to the pubis, routine supine and upright AP abdomen projection, and IVP (intravenous pyelogram) scout and follow-up films as specified by the supervising radiologist or physician; and
 - (f) for GI (gastrointestinal) tract and associated overhead films, the limited permit holder may assist the physician in fluoroscopic examination of the GI tract and may produce films of all associated overhead views as ordered by the physician.
- (2) A limited ~~practice~~ permit holder or applicant may perform bone densitometry examinations upon successful completion of the bone densitometry equipment operators examination administered by the American Registry of Radiologic Technologists (ARRT) or the International Society of Clinical Densitometry (ISCD).

- (3) Limited permit holders who completed the 104-hour training are not authorized or permitted to perform fluoroscopy procedures due to the difficulty in monitoring, limiting, and controlling the accumulative doses of ionizing radiation.
- (4) A student of a radiologic technologist program accredited by a mechanism recognized by the ARRT is allowed to perform procedures with portable fluoroscopy equipment (also known as C-Arm), provided the student has submitted documentation to the board that:
 - (a) identifies the student as being enrolled in a radiology program accredited by a mechanism recognized by the ARRT;
 - (b) the student will be performing portable fluoroscopy procedures as a student with routine supervision;
 - (c) identifies the names of the student's clinical supervisors; and
 - (d) identifies the facility which will allow the student to receive clinical experience, including the performance of duties outside the scope of a limited permit holder.
- (5) If a student of a radiologic technologist program accredited by a mechanism recognized by the American Registry of Radiologic Technologists (ARRT) has completed the first two semesters of the program or its equivalent, as determined by the board, and has become a limited permit holder, that person may perform procedures while operating portable fluoroscopy equipment and may be compensated as long as the student is not performing procedures for course credit and has completed the clinical time requirements.

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, MCA

Implementing statute(s): 37-14-301, 37-14-306, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. HB 414 necessitates changes to the rule to refer to limited permits, rather than "permits."

24.204.507 COURSE REQUIREMENTS FOR LIMITED PERMIT APPLICANTS

- (1) Course providers shall receive board approval for correspondence or online course(s), prior to offering the courses outlined below and shall submit a request for reapproval every two years thereafter. The provider shall submit for the board's review, a course outline, agenda and the identification and qualifications of all instructors. Board approved course content must be compliant with American Registry of Radiologic Technologists (ARRT) recognized curriculum.
 - (a) Courses that meet the requirements of this rule shall be board approved.
 - (b) All instructors shall be ARRT certified or limited permit holders in the state of Montana. Approved course providers, instructors, or designees with five years experience include: radiologic technologists, limited permit holders, radiologic practitioner assistants/radiologist assistants, podiatrists, radiologists, and chiropractors.
- (2) The course shall be a minimum of 104 hours in length and shall include:
 - (a) fundamentals of radiobiology;
 - (b) imaging equipment;
 - (c) fundamentals of radiation protection;
 - (d) fundamentals of x-ray physics;
 - (e) radiographic technique and principles of radiographic exposure;
 - (f) darkroom procedures;
 - (g) interrelationship of the radiographic chain (i.e. technique vs. darkroom procedures);
 - (h) adverse contrast reaction;
 - (i) medical, legal and ethical - four hours;
 - (j) radiation safety - eight hours; and
 - (k) image production and evaluation - film critique - four hours.
- (3) Additional courses and clinical competencies to include anatomy, physiology, positioning, pathology, x-ray technique, and proper handling of trauma patients, shall be required for the applicant to qualify for examination in each of the specified limited x-ray procedures. Course length and clinical competencies specified for each limited x-ray procedure are:
 - (a) chest - minimum four hours, and passing competencies - ten actual;
 - (b) extremities - minimum eight hours, and passing upper extremities competencies - five actual and passing lower extremities competencies - five actual;

- (c) spine - minimum eight hours, and passing competencies - ten actual;
 - (d) skull - minimum eight hours, and passing competencies - ten, all of which may be simulated;
 - (e) abdomen - minimum four hours, and passing competencies - ten actual;
 - (f) GI tract and associated overhead films - eight hours, and passing competencies - ten, all of which may be simulated; and
 - (g) positioning - minimum eight hours, and passing competencies - ten actual.
- (4) Demonstration of competence includes: requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, position skills, radiation safety, image processing, and image evaluation.
 - (5) Demonstration of clinical competence means that the approved course providers, instructors, or designee have observed the limited permit applicant performing the procedure, and that the applicant performed the procedure independently, consistently, and effectively. Applicants must demonstrate competence as outlined in (3) in the categories the applicant is requesting to be authorized to take x-ray procedures in.
 - (6) A board approved checklist for demonstration of competencies will be included with the ~~downloadable~~ application.
 - (7) At no time may the applicant initiate ionizing exposure during performance of the clinical competencies.
 - (8) To be exempt under 37-14-301, MCA, from obtaining a permit, any person performing only darkroom procedures must complete an eight-hour course in darkroom procedures.

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, MCA

Implementing statute(s): 37-14-301, 37-14-306, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.204.511 LIMITED PERMIT EXAMINATIONS

- (1) All limited permit applicants shall take and pass the American Registry of Radiologic Technologists (ARRT) limited scope core examination.
 - (a) The ARRT limited scope core examination contains questions common to all areas of specified x-ray procedures and includes the following topics:
 - (i) basic radiobiology;
 - (ii) radiation protection;
 - (iii) imaging equipment;
 - (iv) x-ray physics;
 - (v) radiographic technique and principles of radiographic exposure;
 - (vi) darkroom procedures; and
 - (vii) interrelationship of the radiographic chain.
- (2) In addition to the ARRT limited scope core examination, 104-hour course graduates shall complete a module examination for selected anatomic regions in which the applicant desires to be permitted.
 - (a) Each module examination shall include questions common to the individual module in the following areas:
 - (i) anatomy;
 - (ii) physiology;
 - (iii) pathology; and
 - (iv) x-ray technique.
 - (b) Limited permits are issued in Montana in the following five categories:
 - (i) chest;
 - (ii) extremities;
 - (iii) skull and sinuses;
 - (iv) spine; and
 - (v) abdomen, gastrointestinal tract, and hip and pelvis (state combined examination).
- (3) "State combined examination" as used in this rule means the examination consisting of abdomen (AB), gastrointestinal tract (GI) (postfluoroscopy films only), and hip and pelvis examinations.

- (4) Applicants may review their state combined examination with administrative staff for the board at the board office or at an approved site designated by the board.
- (5) A nonrefundable fee will be assessed for the combined examination. After failing the combined examination, the applicant will be required to submit another state combined examination retake fee.
- (6) Applicants for 104-hour course permit who fail any portion of the ARRT limited scope examination (core or any module examination) on two attempts shall be required to successfully complete additional coursework in the failed area(s) of the examination before being allowed to retake the failed portion(s) of the examination a third time.
 - (a) On a case-by-case hardship basis, the board may allow an unsuccessful applicant to receive tutoring in lieu of the additional coursework. A tutor must have at least five years experience as a licensed radiologic technologist and possess a current ARRT card or be a limited permit holder with five years experience and a current limited permit license. Limited permit holders cannot tutor radiologic technologists. The tutor must submit for board approval the tutor's qualifications and an outline of the materials and topics to be studied by the applicant under the instruction of the tutor. The applicant is responsible for paying all costs associated with the tutorial.
- (7) Student permit applicants (having completed two semesters or its equivalent from a radiologic technology program accredited by a mechanism recognized by the ARRT) are only required to take the ARRT limited scope core examination. If student permit applicants fail the ARRT limited scope core examination on two attempts they shall retake:
 - (a) the limited scope core examination;
 - (b) all four individual module examinations; and
 - (c) the state combined examination.
- (8) ~~Temporary Limited~~ Limited permit applicants (graduates of a radiologic technology program accredited by a mechanism recognized by the ARRT) who have failed the ARRT radiologic technologist examination four times shall take:
 - (a) the ARRT limited scope core examination;
 - (b) all four individual module examinations; and
 - (c) the state combined examination.
- (9) A minimum passing score of 70 percent is required on the ARRT limited scope core examination, each module examination, and the state combined examination.
- (10) All requests for reasonable accommodations under the Americans with Disabilities Act of 1990, 42 USC 12101, et seq., in regard to a board-administered licensing

examination must be made on forms provided by the board and submitted with the application for examination prior to any deadline set by the board.

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, MCA

Implementing statute(s): 37-1-131, 37-14-306, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. HB 414 necessitated changing “temporary” to “limited” in subsection (8).

24.204.601 QUALIFICATIONS

- (1) A radiologist assistant (RA) may also be referred to as a radiology practitioner assistant (RPA) pursuant to 37-14-313-, MCA, including current licensees or students currently enrolled in the 2005 school year.
- (2) To practice as a RA/RPA, an applicant shall:
 - (a) be a graduate of a RA educational program that:
 - (i) culminates in the award of a baccalaureate degree, postbaccalaureate certificate, or master's degree from an institution accredited by a mechanism recognized by either:
 - (A) ARRT;
 - (B) American college of radiology; or
 - (C) American society of radiologic technologists; and
 - (ii) incorporates a radiologist-directed clinical preceptorship; and
 - (iii) meets the eligibility requirements for certification by the ARRT.
 - (A) The board will accept certification from the ARRT or the certification board for radiologist practitioner assistant (CBRPA) for eligibility to sit for the CBRPA certification or ARRT examination;
 - (b) maintain an active ARRT registration status in radiography;

- (c) submit a copy of current certification in advanced cardiac life support (ACLS) skills;
- (d) furnish validation of participation in continuing education activities with a minimum of 24 hours of continuing education credits annually;
- (e) hold a current Montana radiologic technologist (RT) license; and
- (f) submit to the board a letter from the supervising radiologist certifying completion of a clinical preceptorship.

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, 37-14-313, MCA

Implementing statute(s): 37-14-313, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.204.603 SCOPE OF PRACTICE - SPECIFIC DUTIES AND FUNCTIONS

- (1) The RA/RPA shall evaluate the day's schedule of procedures with the supervising radiologist or the radiologist designate and determine where the RA/RPA's skills will be best utilized.
- (2) After demonstrating competency, the RA/RPA, under the general supervision of the supervising radiologist or the radiologist designate, may perform the following procedures:
 - (a) fluoroscopic procedures (static and dynamic)-;
 - (b) arthrograms, pursuant to 37-14-301-, MCA; and
 - (c) peripheral venograms, pursuant to 37-14-301-, MCA.
- (3) The RA/RPA may make initial observations of diagnostic images and forward them to the supervising radiologist.
- (4) The RA/RPA shall assess and evaluate the psychological and physiological responsiveness of each patient.

- (5) The RA/RPA shall participate in patient management, including acquisition of additional imaging for completion of the exam and record documentation in medical records.
- (6) The RA/RPA shall administer intravenous contrast media or glucagon under the supervision of a radiologist or the attending physician pursuant to 37-14-301-, MCA.
- (7) "Radiologist designate", ~~as used in this rule,~~ means a radiologist, MD who has been named radiologist designate by the supervising radiologist, MD. The radiologist designate must reside in Montana and have a current Montana license.

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, 37-14-313, MCA

Implementing statute(s): 37-14-102, 37-14-301, 37-14-313, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.204.605 SCOPE OF REQUIRED SUPERVISION

- (1) A RA/RPA may only perform diagnostic procedures under the general supervision of a licensed radiologist. In order for a RA/RPA to be considered under the general supervision of a radiologist, the RA/RPA must:
 - (a) meet with the supervising radiologist on a regularly scheduled basis of not less than once every month;
 - (b) provide the supervising radiologist with copies of records from procedures the RA/RPA has performed;
 - (c) seek input from the supervising radiologist regarding any issues relating to the RA/RPA's performance of diagnostic procedures; and
 - (d) have a means of contacting the radiologist in order to obtain a timely consultation.
 - (i) Consultations with the supervising radiologist are considered timely if the radiologist replies to the RA/RPA within eight hours of the RA/RPA's request for consultation.
- (2) Consultations with the supervising radiologist shall be conducted as needed:

- (a) in person;
 - (b) by telephone;
 - (c) by interactive videoconferencing; or
 - (d) by electronic means of communication, such as e-mail or picture, archives, and communication system (PACS)-.
- (3) The RA/RPA shall not perform any diagnostic procedure for which a consultation is needed or appropriate, until such time as consultation has occurred and the RA/RPA has been advised or directed by the radiologist on how to proceed.

Authorizing statute(s): 37-1-131, ~~37-14-202~~ 37-46-103, 37-14-313, MCA

Implementing statute(s): 37-14-102, 37-14-313, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.213.301 ~~DEFINITIONS~~ EMERGENCY PROCEDURES

- ~~(1) "Clinical supervision" means the availability of a licensed respiratory care practitioner for purposes of immediate communication and consultation.~~
- ~~(2)~~(1) "Emergency procedures" per 37-28-102, MCA, includes, but is not limited to, physician-approved protocols relating to life-sustaining procedures in emergency situations in the absence of the immediate direction of a physician. Emergency respiratory care may also be provided during transportation of a patient and under any circumstances where an epidemic, public disaster, or other emergency necessitates respiratory care.
- ~~(3) "NBRC" means the National Board for Respiratory Care.~~
- ~~(4) "Pulmonary function testing" means diagnostic procedures that, pursuant to the orders of a physician, may be performed only by or under clinical supervision of a licensed respiratory care practitioner or other licensed health care provider who has met the minimum competency standards.~~

Authorizing statute(s): ~~37-28-104~~ 37-46-103, MCA

Implementing statute(s): 37-28-102, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and rename this rule because the board is required to define “emergency procedures.” However, the definitions of clinical supervision and pulmonary function testing are better included in the rules for authorization to perform pulmonary function testing, since that is the only place where the terms are used. This provides for a complete rule. NBRC is not used in this rule, and therefore can be stricken.

24.213.408 EXAMINATION

- (1) Respiratory care practitioner applicants must pass the National Board for Respiratory Care certification examination for entry-level respiratory therapy practitioners.

Authorizing statute(s): 37-1-131, ~~37-28-104~~ 37-14-202, MCA

Implementing statute(s): 37-1-131, 37-28-202, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502.

24.213.504 AUTHORIZATION TO PERFORM PULMONARY FUNCTION TESTING

- (1) Licensees may perform pulmonary function testing if the individual has passed any one of the following certification or registry examinations:
 - (a) entry level respiratory therapist (CRT);
 - (b) advanced level respiratory therapist (RRT);
 - (c) entry level pulmonary function technologist (CPFT); or
 - (d) advanced pulmonary function technologist (RPFT).

(2) For purposes of this rule, the following definitions apply:

(a) “clinical supervision” means the availability of a licensed respiratory care practitioner for purposes of communication and consultation;

(b) “pulmonary function testing” means diagnostic procedures that, pursuant to the orders of a physician, may be performed only by or under clinical supervision of a licensed respiratory care practitioner or other licensed health care provider who has met the minimum competency standards.

Authorizing statute(s): 37-1-131, ~~37-28-104~~ 37-46-103, MCA

Implementing statute(s): 37-1-131, 37-28-102, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule for the reasons set forth in the general statement of reasonable necessity. The authorization and implementation citations are amended due to HB 502. Additionally, see the reasonable necessity statement for ARM 24.213.301.

ADOPT

The rules proposed to be adopted are as follows:

NEW RULE 1 BOARD ORGANIZATION

- (1) The Board of Allied Health Care Professionals adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title.

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the Board of Allied Health Care Professionals’ (board) organization. The rule is statutorily required. The adoption specifically

references the organizational rules of the Department of Labor and Industry (department), in line with all other attached licensing boards.

NEW RULE 2 PROCEDURAL RULES

- (1) The Board of Allied Health Care Professionals adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title.

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the board's procedures. The rule is statutorily required. The adoption specifically references the procedural rules of the department, in line with all other attached licensing boards.

NEW RULE 3 PUBLIC PARTICIPATION

- (1) The Board of Allied Health Care Professionals adopts and incorporates the public participation rules of the Department of Labor and Industry as listed in chapter 2 of this title.

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the board's public participation requirements. The rule is statutorily required. The adoption specifically references the public participation rules of the department, in line with all other attached licensing boards.

NEW RULE 4 FEES

- (1) Application fee:
 - (a) clinical laboratory scientist - \$100;
 - (b) clinical laboratory specialist - \$100;
 - (c) clinical laboratory technician - \$100;
 - (d) clinical laboratory scientist provisional license - \$25;
 - (e) radiologic technologist - \$100;
 - (f) radiologic technologist limited permit - \$100;
 - (g) respiratory care practitioner - \$100.
- (2) Renewal fee for active status:
 - (a) clinical laboratory scientist - \$100;
 - (b) clinical laboratory specialist - \$100;
 - (c) clinical laboratory technician - \$100;
 - (d) radiologic technologist - \$75;
 - (e) respiratory care practitioner - \$75.
- (3) Renewal fee for inactive status:
 - (a) clinical laboratory scientist - \$50;
 - (b) clinical laboratory specialist - \$50;
 - (c) clinical laboratory technician - \$50.
- (4) Additional standardized fees are specified in ARM 24.101.403.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 37-1-134, 37-1-141, MCA

Reasonable Necessity Statement

There is reasonable necessity to set forth license application and renewal fees for all license types under the jurisdiction of the board. While set forth in a new rule, these fees are carried forward from those which existed under the prior boards.

NEW RULE 5 FEE ABATEMENT

- (1) The board adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to adopt the department's standard rule regarding fee abatement. This rule sets forth the means by which fees can be abated, and has been adopted by all licensing boards attached to the department.

NEW RULE 6 ADMINISTRATIVE SUSPENSION

- (1) The board authorizes the department to:
 - (a) administratively suspend licenses for deficiencies set forth in 37-1-321(1)(a) through (e), MCA; or
 - (b) file a complaint pertaining to the deficiencies in (1) that are based on repeated or egregious conduct, or that have co-occurring misconduct allegations that directly implicate public safety and may warrant formal disciplinary action.
- (2) An administrative suspension is not a negative, adverse, or disciplinary action under Title 37, MCA, and is not reportable under federal law and regulations implementing the Healthcare Practitioner Databank or the department's licensee lookup and license verification databank.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 37-1-321, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to authorize the department to administratively suspend licenses for those reasons set forth in 37-1-321, MCA. These are non-disciplinary actions which are administratively handled by the department, without necessitating further board action.

NEW RULE 7 NONROUTINE APPLICATIONS

- (1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.
- (2) Nonroutine applications must be reviewed and approved by the board before a license may be issued.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 37-1-101, 37-1-131, 37-1-307, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the process for processing and review of nonroutine licensing applications. This rule adopts the definitions of those terms set forth in departmental rule, in line with all other attached licensing boards. This ensures uniformity of processing across license types.

NEW RULE 8 APPLICANTS WITH CRIMINAL CONVICTIONS

- (1) The board incorporates and adopts ARM 24.101.406.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule for the board to adopt the standard processing procedures and standards for processing applications from those with criminal convictions. This standardization ensures appropriate processing of licensing complaints.

NEW RULE 9 SUBSTANTIAL EQUIVALENCY

- (1) The board adopts and incorporates by reference the “2026 substantial equivalency list for the Board of Allied Health Care Professionals” publication. The publication is available on the board’s website.
- (2) The board intends to review the publication annually. However, failure to review or adopt a new list does not change the effectiveness of the adoption in this rule.
- (3) License applications from individuals licensed in substantially equivalent states are routine applications as to the education, examination, and experience requirements for licensure. Applications may be nonroutine on other bases.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 37-1-304, MCA

Reasonable Necessity Statement

The 2025 Montana Legislature passed HB 246 which was signed by the Governor April 3, 2025, and became effective October 1, 2025. The bill standardizes substantial equivalency determinations in professional licensing and eliminates duplicative statutory sections regarding equivalency and reciprocity.

While historically available to applicants licensed in other states or jurisdictions, licensure by substantial equivalency has never been consistent among the professional licensing boards and programs. HB 246 creates a standard definition for determining substantial equivalency to be uniformly utilized by all the boards and programs when processing endorsement applications. This will create overall efficiencies in processing endorsement applications and reduce licensing wait times for applicants and employers.

To implement the legislation and further the endorsement licensing process, the board proposes this rule. The board has compared current licensure standards of the fifty United States for board licensees and determined those that are substantially equivalent per the definition in 37-1-302, MCA. This new rule will adopt and incorporate by reference the board’s initial approved list of states having substantially equivalent licensing standards. The list will be

published on the board's website. The board will analyze other states' licensing standards annually, and update the published list as needed.

NEW RULE 10 CONTINUING EDUCATION

- (1) The board and department staff do not preapprove continuing education programs or sponsors. Licensees must select quality programs that focus on protecting the health, safety, and welfare of the public and which contribute to the licensee's professional knowledge and competence.
 - (a) Applicable college course work may be approved for continuing education. One semester credit is equal to 15 hours. One quarter credit is equal to 10 hours.
 - (b) Credit may not be obtained by attending the same course more than once in a renewal period.
- (2) Licensees must maintain records and documentation of completion of continuing education requirements.
- (3) Continuing education requirements do not apply until after the licensee's first renewal. Licensees may apply to the board for a hardship waiver due to disabling illness or other personal emergency which substantially interferes with the ability to complete the requirements.
- (4) The department may conduct continuing education audits and shall determine the percentage to audit based on a statistically relevant sampling of the total number of licensees and the compliance rate of past audits.
- (5) Credits must be obtained in the following quantities annually:
 - (a) Clinical laboratory science practitioners - 14 hours;
 - (b) Radiation technologists - 12 hours;
 - (c) Radiation technologist limited peritees - 6 hours;
 - (d) Respiratory care practitioners - 12 hours.

Authorizing statute(s): 37-1-131, 37-46-103, MCA

Implementing statute(s): 37-1-306, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the continuing education requirements for all licensees of the board. This consolidated, streamlined rule replaces all continuing education rules from the three predecessor boards.

NEW RULE 11 UNPROFESSIONAL CONDUCT

- (1) The following is unprofessional conduct:
 - (a) failure to adequately supervise according to generally accepted standards of practice, including for a clinical laboratory science practitioner, failure to be accessible at all times that testing is being performed by the technician in order to provide on-site, telephonic, or electronic consultation;
 - (b) abusive billing practices;
 - (c) failure to provide records when requested by a patient or legal representative of a patient;
 - (d) practice in unsanitary or unsafe conditions;
 - (e) discontinue professional services unless:
 - (i) services are completed;
 - (ii) discontinuation is requested;
 - (iii) alternative or replacement services are arranged; or
 - (iv) there is reasonable opportunity to arrange alternative or replacement services prior to discontinuation of service;
 - (f) for radiologic technologists:
 - (i) performing radiologic procedures outside the scope of the license or permit;
 - (ii) performing a radiologic technologist procedure (other than a screening mammogram) without an order from a licensed provider;
 - (iii) unnecessarily exposing a patient or the public to radiation; and
 - (iv) violations of the Standards of Ethics by the American Registry of Radiologic Technologists, revised September 1, 2023.

Authorizing statute(s): 37-1-131, 37-1-319, 37-46-103, MCA

Implementing statute(s): 37-1-131, 37-1-316, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the unprofessional conduct standards applicable to licensees under the jurisdiction of the board. These provisions have previously been adopted under separate rules by the predecessor boards. However, this rule has been streamlined and deduplicated across boards and as compared to statute. For specific modifications, review the reasonable necessity statements of the repealed unprofessional conduct rules.

REPEAL

The rules proposed to be repealed are as follows:

24.129.101 BOARD ORGANIZATION

~~(1) The Board of Clinical Laboratory Science Practitioners adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title.~~

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.201 PROCEDURAL RULES

~~(1) The Board of Clinical Laboratory Science Practitioners adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title.~~

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.202 PUBLIC PARTICIPATION

- (1) The Board of Clinical Laboratory Science Practitioners adopts and incorporates the public participation rules of the Department of Labor and Industry as listed in chapter 2 of this title.

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.401 FEES

- ~~(1) Fees shall be paid to the Board of Clinical Laboratory Science Practitioners. The board assumes no responsibility for loss in transit of such remittances. Applicants not submitting the proper fees will be notified by the department. Fees are nonrefundable.~~
- ~~(2) The fees are as follows:
 - ~~(a) original application fee:
 - ~~(i) clinical laboratory scientist \$100~~
 - ~~(ii) clinical laboratory specialist 100~~
 - ~~(iii) clinical laboratory technician 100~~~~
 - ~~(b) temporary license fee 25~~
 - ~~(c) active renewal fee 100~~
 - ~~(d) inactive renewal fee 50~~
 - ~~(e) license by endorsement fee 100~~~~

~~(f) reactivation of license fee — difference between active and inactive fee~~

~~(g) Additional standardized fees are specified in ARM 24.101.403.~~

Authorizing statute(s): 37-1-131, 37-1-134, 37-34-201, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-34-305, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.405 INSPECTIONS

~~(1) The board may perform, or have performed on its behalf, inspections of clinical laboratory science licenses at clinical laboratory facilities.~~

Authorizing statute(s): 37-1-131, 37-34-201, MCA

Implementing statute(s): 37-34-102, 37-34-301, 37-34-307, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because the Board of Clinical Laboratory Science Practitioners did not engage in inspection processes outside of disciplinary matters. To the extent of necessity for disciplinary matters, the authority is within the unprofessional conduct standards set forth in 37-1-316, MCA, and need not be set forth in this rule.

24.129.605 MILITARY TRAINING OR EXPERIENCE

~~(1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for licensure as a clinical laboratory scientist, clinical laboratory specialist, or clinical laboratory technician.~~

~~(2) Relevant military training, service, or education must be completed by an applicant while a member of either:~~

~~(a) United States Armed Forces;~~

~~(b) United States Reserves;~~

- ~~(c) state national guard; or~~
- ~~(d) military reserves.~~
- ~~(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements as a clinical laboratory scientist, clinical laboratory specialist, or clinical laboratory technician. Satisfactory evidence includes:
 - ~~(a) a copy of the applicant's military discharge document (DD-214 or other discharge documentation);~~
 - ~~(b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and~~
 - ~~(c) any other documentation as required by the board.~~~~
- ~~(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements.~~

Authorizing statute(s): 37-1-145, MCA

Implementing statute(s): 37-1-145, MCA

Reasonable Necessity Statement

Reasonable necessity exists to repeal this rule, effective October 1, 2023, at the earliest, due to HB 583 (2023). That legislation amends 37-1-145, MCA, and eliminates the requirement for adoption by the board of a specific military training rule, setting forth specific obligations for the board to accept military experience for granting licensure. As such, the need for this rule is obsolete.

24.129.606 NONROUTINE APPLICATIONS

- ~~(1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.~~
- ~~(2) Nonroutine applications must be reviewed and approved by the board before a license may be issued.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.608 APPLICANTS WITH CRIMINAL CONVICTIONS

~~(1) The board incorporates ARM 24.101.406 by reference with no modifications.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.2101 CONTINUING EDUCATION REQUIREMENTS

~~(1) Licensees shall affirm an understanding of their recurring duty to comply with continuing education (CE) requirements as a part of license renewal. The CE requirements do not apply until the licensee's first full year of licensure.~~

~~(2) Licensees shall obtain 14 hours of CE annually.~~

~~(3) The board/staff will not preapprove CE programs or sponsors; however, a suggested list of courses/providers can be found on the board's web site. It is the responsibility of the licensee to select quality programs that:~~

~~(a) contribute to the licensee's knowledge and professional competence;~~

~~(b) contain significant intellectual or practical content; and~~

~~(c) are germane to the profession of a clinical laboratory science practitioner.~~

~~(4) The licensee is responsible for maintaining:~~

~~(a) proof of attendance/certificate of completion;~~

~~(b) title/subject of course;~~

~~(c) duration of course;~~

- ~~(d) — date credits were earned; and~~
- ~~(e) — course provider and/or speaker.~~
- ~~(5) — College course work, which meets the criteria in (3), is subject to the following limitations:
 - ~~(a) — the licensee must pass the course;~~
 - ~~(b) — one semester credit shall equal 15 hours of CE;~~
 - ~~(c) — one quarter credit shall equal 10 hours of CE.~~~~
- ~~(6) — CE credits can be earned by teaching courses that are germane to the profession. Credit units may be applied in this category based on a report by the licensee. For a one-hour presentation, the presenter will be awarded two hours of CE. The following limitations shall apply to requests for credit under this section:
 - ~~(a) — documentation must be submitted showing the licensee as the instructor of the course;~~
 - ~~(b) — the course must be addressed to health professionals in order to qualify for credit;~~
 - ~~(c) — instruction of any course may be submitted for CE only once;~~
 - ~~(d) — individuals employed by universities and colleges may not claim credit units in this section for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer.~~~~
- ~~(7) — The board may randomly audit up to 50 percent of renewed licensees' CE hours.~~
- ~~(8) — Licensees found to be in noncompliance with CE requirements may be subject to administrative suspension.~~

Authorizing statute(s): 37-1-319, MCA

Implementing statute(s): 37-1-306, 37-1-319, 37-1-321, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.129.2301 UNPROFESSIONAL CONDUCT

~~(1) For the purpose of implementing the provisions of 37-1-307, MCA, and in addition to the provisions of 37-1-316, MCA, the board defines "unprofessional conduct" as follows:~~

- ~~(a) failure to report to the board facts known to the licensed individual regarding the unlicensed or otherwise illegal practice of clinical laboratory science in the state of Montana;~~
- ~~(b) practice beyond the scope of practice encompassed by the license;~~
- ~~(c) failure by a licensed supervisor of a clinical laboratory technician to be accessible at all times that testing is being performed by the technician in order to provide on-site, telephonic or electronic consultation;~~
- ~~(d) assault or abuse of a patient;~~
- ~~(e) inaccurately recording, falsifying, or otherwise altering any laboratory test;~~
- ~~(f) failure to provide proof of current licensure upon inspection of clinical laboratory science licenses by the board or its designated or contracted representative;~~
- ~~(g) failure to comply with other state or federal statutes or rules regulating the practice of clinical laboratory science;~~
- ~~(h) failure to adequately supervise or evaluate a clinical laboratory technician in accordance with Title 37, chapter 34, MCA, or board administrative rules; or~~
- ~~(i) performing functions not related to a clinical laboratory specialist's particular specialty.~~

Authorizing statute(s): 37-1-131, 37-1-319, MCA

Implementing statute(s): 37-1-307, 37-1-316, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule in favor of a consolidated unprofessional conduct rule applicable to all licensees under the Board of Allied Health Care Professionals. In addition, several provisions of this rule duplicate statute, and are not necessary. Subsection (1)(a) duplicates 37-1-316(1)(d), MCA. Subsection (1)(b) duplicates 37-1-316(1)(t), MCA. Subsection (1)(d) duplicates 37-1-316(1)(t) and (v), MCA. Subsection (1)(e) duplicates 37-1-316(1)(f) and (g), MCA. Subsection (1)(f) duplicates 37-1-316(1)(p), MCA. Subsection (1)(g) duplicates 37-1-316(1)(v), MCA. Subsection (1)(i) duplicates 37-1-316(1)(t) to the extent the work outside the specialty fails to meet the standard of care. The remaining subsections are proposed to be included in the unprofessional conduct rule.

24.204.101 BOARD ORGANIZATION

~~(1) The Board of Radiologic Technologists adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title.~~

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.201 PROCEDURAL RULES

~~(1) The Board of Radiologic Technologists adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title.~~

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.202 PUBLIC PARTICIPATION

~~(1) The Board of Radiologic Technologists adopts and incorporates the public participation rules of the Department of Labor and Industry as listed in chapter 2 of this title.~~

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.401 FEE SCHEDULE

~~(1) Fees shall be transmitted by money order, electronic payment, or check payable to the Board of Radiologic Technologists. The board assumes no responsibility for loss in transit of such remittances. All fees are nonrefundable.~~

~~(a) Application fee—radiologic technologist (includes temporary permit if requested) \$100~~

~~(b) Renewal license fee—radiologic technologist 75~~

~~(c) Additional standardized fees are specified in ARM 24.101.403.~~

Authorizing statute(s): 37-1-131, 37-1-134, 37-14-202, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-14-305, 37-14-306, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.404 PERMIT FEES

~~(1) Application fee \$100~~

~~(2) State combined examination fee and reexamination fee 15~~

~~(3) Renewal fee 60~~

~~(4) Additional standardized fees are specified in ARM 24.101.403.~~

Authorizing statute(s): 37-1-131, 37-1-134, 37-14-202, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-14-305, 37-14-306, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because the relevant fees are proposed to be incorporated into ARM 24.110.401.

24.204.406 ABATEMENT OF RENEWAL FEES

- ~~(1) Pursuant to 17-2-302, MCA, state programs that charge a fee for services are generally not permitted to let their cash balance exceed twice the program's annual appropriation. However, despite the best projections of the board, there may be times when cash balances exceed the amount authorized by statute. This rule is intended to provide a process for when the board needs to reduce its cash balance with a standard methodology to do so, in fair and equitable manner. This rule provides for an abatement of certain fees when the board's cash balance is excessive.~~
- ~~(2) Except as provided by (3), when the board has an excessive cash balance, the department may abate the renewal fees for the board's licensees or registrants for one or more renewal cycles until the board's cash balance does not exceed the allowable maximum.~~
- ~~(a) The abatement of renewal fees may be the total amount of the renewal fee, or only a specified portion of the renewal fee.~~
- ~~(b) If the board has more than one category of renewals, the abatement must be made on a roughly proportional basis to fairly, equitably, reasonably and economically distribute the abatement among the program's licensees or registrants. The department may, for good cause, completely abate the renewal fee for certain classes of licensees or registrants and not for other classes, if the administrative cost of processing a reduced renewal fee for all classes is disproportionately high. In such a case, the department must attempt in any future abatements to equitably treat those classes of renewals which have borne a relatively higher proportion of renewal fees.~~
- ~~(c) The fact that the renewal fee is abated for any given renewal cycle does not excuse the licensee or registrant from otherwise fulfilling the renewal requirements, including submission of a renewal application and/or continuing education documentation. The board, to the extent it so provides by rule, may impose a late fee on untimely submissions of renewal applications or other required documentation.~~
- ~~(3) This rule does not apply when an exception to 17-2-302, MCA, exists and is applicable to the board's cash balance. As an example, if the board adopts a three-year renewal cycle, the board will have an apparent excess cash balance during the first year of the renewal cycle, based on a collection of three year's worth of fees for operations expenses.~~

~~(4) This rule does not relieve the board from the duty to establish fees at a level commensurate with costs.~~

Authorizing statute(s): 37-1-131, 37-14-202, MCA

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.409 MILITARY TRAINING OR EXPERIENCE

- ~~(1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for licensure as a radiologic technologist.~~
- ~~(2) Relevant military training, service, or education must be completed by an applicant while a member of either:~~
- ~~(a) United States Armed Forces;~~
 - ~~(b) United States Reserves;~~
 - ~~(c) state national guard; or~~
 - ~~(d) military reserves.~~
- ~~(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements as a radiologic technologist. At a minimum, satisfactory evidence includes:~~
- ~~(a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);~~
 - ~~(b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and~~
 - ~~(c) any other documentation as required by the board.~~
- ~~(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements.~~

Authorizing statute(s): 37-1-145, MCA

Implementing statute(s): 37-1-145, MCA

Reasonable Necessity Statement

Reasonable necessity exists to repeal this rule, effective October 1, 2023, at the earliest, due to HB 583 (2023). That legislation amends 37-1-145, MCA, and eliminates the requirement for adoption by the board of a specific military training rule, setting forth specific obligations for the board to accept military experience for granting licensure. As such, the need for this rule is obsolete.

24.204.411 REPLACEMENT LICENSES AND PERMITS

~~(1) Licensees and permit holders shall immediately notify the board of lost, damaged, or destroyed licenses and permits.~~

Authorizing statute(s): 37-1-131, 37-14-202, MCA

Implementing statute(s): 37-14-305, 37-14-308, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is not necessary.

24.204.414 HARDSHIP TEMPORARY PERMITS

~~(1) A regional hardship exists when there is no other facility in the area staffed by a qualified radiologic technologist, radiologist or permit holder. Applications for a permit under this rule require the following:~~

~~(a) a written statement from the health facility administrator or physician documenting the regional hardship or emergency condition that exists in the area;~~

~~(b) a written statement from a licensed radiologic technologist attesting that the applicant possesses basic knowledge of radiation protection and radiobiology, x-ray physics, anatomy, physiology, positioning, radiographic technique, darkroom procedures and film critique; and~~

~~(c) a written statement from the applicant setting forth the applicant's training and experience.~~

Authorizing statute(s): 37-14-202, 37-14-306, MCA

Implementing statute(s): 37-14-305, 37-14-306, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.417 NONROUTINE APPLICATIONS

~~(1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.~~

~~(2) Nonroutine applications must be reviewed and approved by the board before a license may be issued.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.418 APPLICANTS WITH CRIMINAL CONVICTIONS

~~(1) The board incorporates ARM 24.101.406 by reference with no modifications.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.607 CODE OF ETHICS

- ~~(1) The board adopts and incorporates by reference the August 1, 2013 edition of the code of ethics by the American Registry of Radiologic Technologists (ARRT).~~
- ~~(2) Copies of the ARRT code of ethics may be obtained on the ARRT web site at www.arrt.org, or from the office of the board at 301 S. Park Avenue, Helena, or P.O. Box 200513, Helena, Montana 59620-0513.~~
- ~~(3) The RA/RPA shall adhere to and abide by the ARRT code of ethics.~~
- ~~(4) In addition to the ARRT code of ethics, the conduct of the RA/RPA shall be governed by the following additional ethical and professional principles. The RA/RPA shall:
 - ~~(a) adhere to all state and federal laws governing informed consent concerning patient health care;~~
 - ~~(b) seek consultation with the supervising radiologist, other health providers, or qualified professionals having special skills, knowledge or expertise whenever the welfare of the patient will be safeguarded or advanced by such consultation;~~
 - ~~(c) provide only those services for which the RA/RPA is qualified via education, demonstration of clinical competency, and as allowed by rule;~~
 - ~~(d) not misrepresent in any manner, either directly or indirectly, the RA/RPA's clinical skills, educational experience, professional credentials, identity, or ability and capability to provide radiology health care services;~~
 - ~~(e) place service before material gain;~~
 - ~~(f) carefully guard against conflicts of professional interest; and~~
 - ~~(g) adhere to national, institutional and/or departmental standards, policies and procedures regarding the standards of care for patients.~~~~

Authorizing statute(s): 37-1-131, 37-14-202, 37-14-313, MCA

Implementing statute(s): 37-1-131, 37-14-313, MCA

Reasonable Necessity Statement

Adoption of the code of ethics is proposed in the new unprofessional conduct rule for the board. As such, this rule is unnecessary and may be repealed.

24.204.2101 CONTINUING EDUCATION

- ~~(1) An applicant for renewal of a limited permit shall affirm on the renewal form that the applicant has completed six contact hours (one hour equals not less than 55-60 minutes) of continuing education as provided in this rule as a condition to establish eligibility for renewal. The continuing education requirement will not apply until after the licensee's first full year of licensure.~~
- ~~(2) Licensees who do not hold an American Registry of Radiologic Technologist (ARRT) credential are held to the same standard for continuing education requirements as an ARRT licensee and must report 12 hours of continuing education to the board annually with their renewal form. The ARRT continuing education requirements can be located at www.arrt.org.~~
- ~~(3) The permit holder is required to make records and documentation available to the board as proof of meeting the continuing education requirement, if so requested during a random audit.~~
- ~~(4) A random audit of the permit holder's continuing education will be conducted on an annual basis.~~
- ~~(5) The permit holder shall maintain records and documentation of completion of continuing education activities such as verification of participation forms, conference brochures, certificates, college or university transcripts or grade reports, articles, and book reviews.~~
- ~~(6) All continuing education must be germane to the radiographic portion of permit holder's profession and must contribute to the professional competence of a limited permit holder as determined by the board based on information presented on a form provided by the board.~~
- ~~(7) The board shall accept any continuing education offered or approved by the Montana or American Society of Radiologic Technologists or the American Medical Association.~~
- ~~(8) Subject to approval by the board, continuing education may be earned through college course work, according to the following limitations:
 - ~~(a) the permittee must pass the course;~~
 - ~~(b) one semester credit shall equal 15 contact hours of continuing education; and~~
 - ~~(c) one quarter credit shall equal ten contact hours of continuing education.~~~~
- ~~(9) Continuing education requirements may be met by retaking the limited permit general examination and receiving a passing score. They may also be met by passing an advanced level examination not previously passed and for which the individual is eligible (e.g., additional categories).~~
- ~~(10) The board shall accept any continuing education accrued by attending seminars, lectures, or courses directly related to the individual's field of practice or operation~~

~~not already approved by one of the professional organizations previously mentioned upon approval by the board. The sponsor or organization of any such continuing education may obtain board approved credit upon submission of information regarding the course content and participant evaluation procedures.~~

- ~~(11) Subject to approval by the board, continuing education may be earned for reading books germane to the profession, according to the following limitations:
 - ~~(a) one contact hour shall be credited for each book or article up to a maximum of four contact hours per year; and~~
 - ~~(b) documentation must be maintained in the form of a book review written by the permittee noting the author, title, publisher, and publishing date of the book or article.~~~~
- ~~(12) Continuing education will not be granted to participants for attending the same course more than once in a 12 month period.~~
- ~~(13) Continuing education credits earned that are more than the amount required will not be carried over into the following accreditation period.~~
- ~~(14) The board, in its discretion, reserves the right to deny credit for continuing education units that do not receive approval from the board within 30 days after attendance.~~

Authorizing statute(s): 37-1-319, 37-14-202, MCA

Implementing statute(s): 37-1-131, 37-1-306, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.2102 WAIVER OF CONTINUING EDUCATION REQUIREMENT

- ~~(1) In the event of hardship such as a disabling illness or other personal emergency which substantially interferes with a permit holder's ability to meet the minimum requirement of six contact hours prior to the deadline, the board may approve a waiver of the continuing education requirement. There must be a written request submitted to the board by the renewal date set by ARM 24.101.413. Such request for approval for a waiver shall be in writing and shall set forth the reasons why the licensee was unable to earn the minimum number of credit units required prior to the deadline.~~

Authorizing statute(s): 37-1-319, 37-14-202, MCA

Implementing statute(s): 37-1-306, 37-1-319, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.2116 RENEWAL - PROOF OF GOOD STANDING

~~(1) A radiologic technologist license renewal must include a statement that affirms the licensee possesses a current copy of the American Registry of Radiologic Technologists (ARRT) pocket card.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-141, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.204.2301 UNPROFESSIONAL CONDUCT

~~(1) For the purposes of implementing 37-1-307, MCA, and in addition to the provisions of 37-1-316, MCA, "unprofessional conduct" is defined by this board to include but not be limited to the following:~~

~~(a) discrimination against a patient on the basis of age, sex, race, creed, social or economic status, handicap, personal attributes, or the nature of health problems;~~

~~(b) unnecessary radiation exposure to patient and public;~~

~~(c) withholding information relative to radiologic diagnosis or patient management from any individual authorized to have access to such information;~~

~~(d) performing radiologic procedures outside the scope of the license or permit;~~

- ~~(e) failing to report to the board any unethical conduct or illegal activities in the field of radiologic technology of which a licensee has personal knowledge;~~
- ~~(f) failing to cooperate with an investigation or other disciplinary proceeding instituted by the department;~~
- ~~(g) failing to comply with the provision of Title 37, chapter 14, MCA, or any rule promulgated thereunder;~~
- ~~(h) presenting a tampered or fraudulently produced American Registry of Radiologic Technologists (ARRT) pocket card and/or certificate for application or renewal purposes; and~~
- ~~(i) performing a radiologic technologist procedure (other than a screening mammogram) without an order from a licensed provider.~~

Authorizing statute(s): 37-1-131, 37-1-319, 37-14-202, MCA

Implementing statute(s): 37-1-131, 37-1-316, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule in favor of a consolidated unprofessional conduct rule applicable to all licensees under the Board of Allied Health Care Professionals. In addition, several provisions of this rule duplicate statute, and are not necessary. Subsection (1)(a) duplicates 37-1-316(1)(c), MCA. Subsection (1)(c) duplicates 37-1-316(1)(t), MCA. Subsection (1)(e) duplicates HB 435, section 1. Subsection (1)(f) duplicates 37-1-316(1)(p), MCA. Subsection (1)(g) duplicates 37-1-316(1)(v), MCA. Subsection (1)(h) duplicates 37-1-316(1)(e), MCA. The remaining provisions are proposed to be included in the new unprofessional conduct rule.

24.213.101 BOARD ORGANIZATION

- ~~(1) The Board of Respiratory Care Practitioners adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title.~~

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.201 PROCEDURAL RULES

~~(1) The Board of Respiratory Care Practitioners adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title.~~

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.202 PUBLIC PARTICIPATION

~~(1) The Board of Respiratory Care Practitioners adopts and incorporates the public participation rules of the Department of Labor and Industry as listed in chapter 2 of this title.~~

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.401 FEE SCHEDULE

~~(1) The following fees are adopted:~~

- ~~(a) Application fee _____ \$50~~
- ~~(b) License fee _____ 50~~
- ~~(c) Renewal fee (annual) _____ 75~~

~~(d) Additional standardized fees are specified in ARM 24.101.403.~~

Authorizing statute(s): 37-1-131, 37-1-134, 37-28-104, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-28-104, 37-28-202, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.403 ABATEMENT OF RENEWAL FEES

~~(1) The board adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.406 NONROUTINE APPLICATIONS

~~(1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.~~

~~(2) Nonroutine applications must be reviewed and approved by the board before a license may be issued.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.407 APPLICANTS WITH CRIMINAL CONVICTIONS

~~(1) The board incorporates ARM 24.101.406 by reference with no modifications.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.423 ADMINISTRATIVE SUSPENSION

~~(1) The board authorizes the department to:~~

~~(a) administratively suspend licenses for deficiencies set forth in 37-1-321(1)(a) though (e), MCA; or~~

~~(b) file a complaint pertaining to the deficiencies in (1) that are based on repeated or egregious conduct, or that have co-occurring misconduct allegations that directly implicate public safety and may warrant formal disciplinary action.~~

~~(2) An administrative suspension is not a negative, adverse, or disciplinary action under Title 37, MCA, and is not reportable under federal law and regulations implementing the Healthcare Practitioner Databank or the department's licensee lookup and license verification databank.~~

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-321, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.2130 CONTINUING EDUCATION

- ~~(1) Each respiratory care practitioner must obtain 12 continuing education (CE) units in the preceding 12 months, by the renewal deadline in ARM 24.101.413. One CE unit is equal to 50 minutes of instruction or coursework or as designated by the CE provider.~~
- ~~(2) Licensees affirm an understanding of their duty to comply with CE requirements as a part of license renewal.~~
- ~~(3) The CE requirements do not apply until a licensee's first full year of licensure.~~
- ~~(4) The board/staff does not preapprove CE programs or sponsors. Licensees must select quality programs that focus on protecting the health, safety, and welfare of the public and contribute to licensees' professional knowledge and competence. Acceptable CE activities:
 - ~~(a) contribute to the licensee's knowledge and professional competence;~~
 - ~~(b) contain significant intellectual or practical content; and~~
 - ~~(c) are germane to the profession of a respiratory care practitioner.~~~~
- ~~(5) Acceptable CE activities include:
 - ~~(a) seminars;~~
 - ~~(b) workshops;~~
 - ~~(c) conferences;~~
 - ~~(d) college course work;
 - ~~(i) one semester credit equals 15 CE units; and~~
 - ~~(ii) one quarter credit equals ten CE units;~~~~
 - ~~(e) teaching:
 - ~~(i) eight credits maximum; and~~
 - ~~(ii) two credits for each hour of presentation;~~~~
 - ~~(f) papers, publications, journals, exhibits, videos, and independent study (eight credits maximum);~~
 - ~~(g) in-service programs; and~~
 - ~~(h) online courses, webinars, and correspondence courses.~~~~
- ~~(6) The department may randomly audit up to 50 percent of renewed licensees.~~
- ~~(7) Licensees must maintain CE records for one year following the reporting period and make the records available upon request. Documentation must include:
 - ~~(a) licensee name;~~~~

- ~~(b) course title and description of content;~~
- ~~(c) presenter or sponsor;~~
- ~~(d) course completion date(s); and~~
- ~~(e) number of CE hours earned.~~
- ~~(8) Licensees found noncompliant with CE requirements may be subject to administrative suspension.~~
- ~~(9) Licensees may request exemption from CE requirements.~~
- ~~(10) The department, with respect to any CE audit it performs, shall determine the percentage to audit based on a statistically relevant sampling of the total number of licensees and the compliance rate of past audits.~~

Authorizing statute(s): 37-1-131, 37-1-319, MCA

Implementing statute(s): 37-1-131, 37-1-141, 37-1-306, 37-1-319, 37-1-321, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.213.2310 UNPROFESSIONAL CONDUCT

- ~~(1) In addition to the provisions of 37-1-316, MCA, it is unprofessional conduct for respiratory care practitioners to:~~
 - ~~(a) violate a federal, state, or local law or rule relating to the conduct of the profession;~~
 - ~~(b) fail to cooperate with or respond to a department request or investigation;~~
 - ~~(c) fail to adequately supervise according to generally accepted standards of practice;~~
 - ~~(d) engage in abusive billing practices;~~
 - ~~(e) fail to report an incident of unsafe practice or unethical conduct of another licensee to the licensing authority;~~
 - ~~(f) fail to maintain and secure appropriate patient records as required by state and federal regulations;~~
 - ~~(g) fail to provide records when requested to do so by the patient or legal representative;~~

- ~~(h) practice under unsanitary or unsafe conditions;~~
- ~~(i) discontinue professional services, unless:
 - ~~(i) services are completed;~~
 - ~~(ii) the person requests the discontinuation;~~
 - ~~(iii) alternative or replacement services are arranged; or~~~~
- ~~(j) the person is given reasonable opportunity to arrange alternative or replacement services; and~~
- ~~(k) commit any act of sexual abuse, misconduct, or exploitation whether or not it is related to the licensee's practice.~~

Authorizing statute(s): 37-1-131, 37-1-319, MCA

Implementing statute(s): 37-1-131, 37-1-316, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule in favor of a consolidated unprofessional conduct rule applicable to all licensees under the Board of Allied Health Care Professionals. In addition, several provisions of this rule duplicate statute, and are not necessary. Subsection (1)(a) duplicates 37-1-316(1)(v), MCA. Subsection (1)(b) duplicates 37-1-316(1)(p), MCA. Subsection (1)(e) duplicates HB 435, section 1, which requires reporting of unprofessional conduct by other licensees of the same licensing board. Subsection (1)(f) to the extent it solely requires conformance to federal and state law, is duplicative of 37-1-316(1)(v), MCA. Subsection (1)(k) is duplicative of 37-1-316(1)(b), MCA. The remaining sections have been proposed for inclusion in the new unprofessional conduct rule.

Small Business Impact

Pursuant to 2-4-111(1), MCA, the small businesses that will likely be affected by the proposed rule changes are all of the small businesses in Montana that employ licensed Clinical Laboratory Science Practitioners, Respiratory Care Practitioners, and Radiologic Technologists. The board has determined that the proposed rule changes will not create a significant and direct impact on these small businesses.

Bill Sponsor Notification

Bill sponsors were contacted by e-mail on April 18, August 9, August 10, and August 14.

Interested Persons

The agency maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by the agency. Persons wishing to have their name added to the list may sign up at dli.mt.gov/rules or by sending a letter to P.O. Box 1728, Helena, Montana 59624 and indicating the program or programs about which they wish to receive notices.

Rule Reviewer

Approval

Sarah Swanson, Commissioner

License Evaluation

State	Substantially equivalent to Montana?	If applicable, why not substantially equivalent?	Regulating Body Type	Licensing Website	Education	Supervised experience required?	Hours of Experience	Examination (Name and Provider)	Required Exam Score	Additional Comments
Alabama	Yes		Board	https://www.asbrt.alabama.gov/	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	The board does not explicitly require qualifying education. Rather, it refers to NBRC qualifications to sit for the entrance to practice exam which requires qualifying education. The TMC exam offers two cut scores which determine a persons eligibility for NBRC credentials. A low cut score is required for licensure whereas a high cut score qualifies the person for an additional exam which leads to a higher credential.
Alaska	No	Alaska does not require a license to practice	Other							A person may practice as a respiratory therapist if they have successfully completed a RT program at an accredited institution.
Arizona	Yes		Board	https://respiratoryboard.az.gov/	Indirect - Degree	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not Specified	
Arkansas	Yes		Board	https://www.armedicalboard.org/Professionals/RespiratoryTherapist.aspx	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	

California	Yes		Board	https://www.rcb.ca.gov/	Indirect - Degree	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	No Specified	
Colorado	Yes		Other	https://dpo.colorado.gov/RespiratoryTherapy	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not Specified	License requires NBRC certification, only, which requires qualifying education and passage of the TMC exam or higher.
Connecticut	Yes		Other	https://portal.ct.gov/dph/practitioner-licensing-investigations/rcp/respiratory-care-practitioner-licensure	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care		
Delaware	Yes		Other	https://dpr.delaware.gov/board/s/medicalpractice/respiratory_license/	Indirect - Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not Specified	Title 24 § 1775. Respiratory Care Advisory Council. Background check is required. (a) The Respiratory Care Advisory Council (Council) consists of 7 members, 1 of whom is a physician member of the Board of Medical Licensure and Discipline. The remaining 6 council members are individuals trained in respiratory care who have been licensed and primarily employed in the practice of respiratory care in this State for at least 2 of the 3 years immediately prior to appointment. The Council may elect officers as necessary.

Florida	Yes		Other	https://floridasr.venturacare.com/licensing/	Indirect - Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not Specified	
Georgia	Yes		Board	https://medicalboard.georgia.gov/licensure-information/respiratory-care-professional	Indirect - Degree (verified)	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not specified	
Hawaii	Yes		Program	https://cca.hawaii.gov/pvl/programs/respiratory/	Indirect - Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not Specified	
Idaho	Yes		Board	https://dopl.idaho.gov/resp/	Degree	Yes		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	UPDATED 2024 - STILL SE. Graduates may obtain a temporary permit with qualifying supervision. Permit is effective for 6 months or until license issuance upon passage of
Illinois	Yes		Board	https://idfpr.illinois.gov/profs/respcare.html	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	
Indiana	Yes		Other	https://www.in.gov/pla/professions/respiratory-care-home/	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	Licenses are review and regulated under the Indiana Respiratory Care Committee, which is a subset of the Board of Medical Examiners.

Iowa	Yes		Board	https://dial.iowa.gov/i-need/licenses/medical/respiratory-care	Indirect - Degree (verified)			Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care or higher.	Not specified	License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.
Kansas	Yes		Board	http://www.ksbha.org/main.shtml	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	Licenses are review and regulated under the Kansas State Board of Healing Arts, which regulates 16 different professions.
Kentucky	Yes		Board	https://kbrc.ky.gov/Pages/index.aspx	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.
Louisiana	Yes		Board	https://www.lsbme.la.gov/licensure/respiratory-therapists	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	UPDATED 2024 STILL SE Licensees are regulated under the Louisiana State Board of Medical Examiners, which regulates 17 different professions. License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.
Maine	Yes		Board	https://www.maine.gov/pfr/professionallicensing/professions/board-respiratory-care	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	

Nebraska	Yes		Other	https://dhhs.ne.gov/Licensure/Pages/Respiratory-Care.aspx	Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not specified.	
Nevada	Yes		Board	https://medboard.nv.gov/	Degree	No		Pass the examination as an entry-level or advanced practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	Licensees are regulated under the Nevada State Board of Medical Examiners with advisement from the of the Respiratory Care Advisory Committee. Qualifying education is not expressly required by statute. Rather, it refers to NBRC certified respiratory therapist or registered respiratory therapist credentials, which contemplate education and examination.
New Hampshire	Yes		Board	https://www.oplc.nh.gov/advisory-board-respiratory-care-practitioners	Degree	No		Pass the examination(s) administered in English by the NBRC to earn the certified respiratory therapist (CRT) credential or the registered respiratory therapist (RRT) credential. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	The Board serves in an advisory capacity, only, and advises the executive director in various capacities relating to rulemaking, etc.
New Jersey	Yes		Board	https://www.njconsumeraffairs.gov/resp/Pages/regulations.aspx	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No				

New Mexico	Yes		Board	https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/respiratory-care/	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor			Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care		title 16 chapter 23 part 3 revised 6/27/23 still SE
New York	Yes		Other	https://www.op.nysed.gov/professions/respiratory-therapists/status	Degree from a qualified New York State program or accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor.	No		Pass the examination as an entry-level practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.	Not specified.	
North Dakota	Yes		Board	https://www.ndsbr.com/License/index.asp	Chapter 105-02-01 amended July 1, 2018. Degree from a qualified New York State program or accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor.	No				
North Carolina	Yes		Board	https://ncrcb.org/	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	Yes, 5 years	Twelve to sixty hours depending on experience	Pass the examination as an entry-level practitioner of respiratory care administered by the National Board for Respiratory Care (NBRC) or its successor organization. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for	Not Specified.	

Ohio	Yes		Board	https://med.ohio.gov	Minimum of associate degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor			Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	No Specified	CHAPTER 4761-5 EXAMINATION AND LICENSING LAST AMENDED 9/30/2020. BOARD REQUIRES REVIEW EVERY FIVE YEARS. Licensing is administered under the State Medical Board of Ohio
Oklahoma	Yes		Board	https://www.okmedicalboard.org/respiratory_care_practitioners	Degree - Indirect	No		Pass the examination(s) administered in English by the NBRC to earn the certified respiratory therapist (CRT) credential or the registered respiratory therapist (RRT) credential. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	Licensing is administered under the Oklahoma Board of Medical Licensure and Supervision
Oregon	Yes		Board	https://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT.aspx	Degree - Indirect	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not specified.	331-710-0010 AMENDED 1/1/2021
Pennsylvania	Yes		Board	https://www.pa.gov/agencies/dos/departments-and-offices/bpoa/boards-commissions/medicine.html#accordion-78b7765b58-item-e029ef5109	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No		Passed the entry level credentialing examination as determined by the NBRC. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.	Not specified.	Licensing is administered under the Pennsylvania State Board of Medicine

Rhode Island	Yes		Board	https://health.ri.gov/licenses/detail.php?id=243	Degree - Indirect	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.		316-RICR-40-05-16 LAST UPDATED 1/4/2022 The board requires passage of the NBRC entry-level examination and the applicant to show they hold an active certificate as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) by the National Board for respiratory Care (NBRC).
South Dakota	Yes		Board	https://www.sdbmoe.gov/professions-respiratory-therapist/	Degree - Indirect	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not specified.	Licensing is administered under the South Dakota Board of Medical and Osteopathic Examiners under the advisement of the Respiratory Care Council
South Carolina	Yes		Board	https://lrr.sc.gov/med/rcp.aspx	Degree - Indirect	No		Applicants are required to show passage of the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.		
Tennessee	Yes		Board	https://www.tn.gov/health/health-program-areas/health-professional-boards/rc-board.html	Degree - Indirect					
Texas	Yes		Board	https://www.tmb.state.tx.us/page/licensing-respiratory-care-practitioner	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No		License requires NBRC Certified Respiratory Therapist, only. Qualifying for the credential requires qualifying education and passage of the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	Licensing is administered under the Texas Medical Board.

Utah	Yes		Board	https://www.dopl.utah.gov/respiratory-care/	a respiratory care educational program accredited by the Committee on Accreditation for Respiratory Care (COARC) as evidenced by NBRC certification as a CRT or RRT	No		(1) the National Board for Respiratory Care (NBRC) Certification Examination for Entry Level Respiratory Therapists (CRT); or (2) the NBRC Registry Examination for Advanced Respiratory Therapists (RRT)	Not specified.	LAST RULE AMENDMENT 2/22/2007
Vermont	Yes		Other	https://sos.vermont.gov/respiratory-care-practitioners/	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No		National exam approved by the director. The National Board for Respiratory Care (NBRC) Certification Examination is considered approved by the Director of The Office of Professional Education	Not specified.	LAST RULE AMENDMENT 9/1/2005
Virginia	Yes		Board	https://www.dhp.virginia.gov/Boards/Medicine/AbouttheBoard/RegulatedProfessions/RespiratoryTherapist/	Degree from an accredited respiratory care program.	No		License requires NBRC Certified Respiratory Therapist, only. Qualifying for the credential requires qualifying education and passage of the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care		18-VAC-85-40-50 LAST REVISED 3/5/2020 Licensing is administered under the Virginia Board of Medicine
Washington	Yes		Program	https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/respiratory-care-practitioner	Degree - Indirect	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	RRT cut score not specified.	WAC 246-928-540 LAST REVISED 7/1/2022 Licensing is administered under the Washington State Department of Health. I found no indication that the license pool is represented on a board or advisory committee through formal means.

West Virginia	Yes		Board	https://www.wvborc.com/	Degree - Indirect	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not specified.	30-1-3 LAST REVISED 2025 https://www.wvborc.com/Content/West%20Virginia%20Respiratory%20Care%20Act%20-%20Revised%202025.pdf Applicants "by endorsement" may qualify with active current Certified Respiratory Therapist (CRT) credential issued by the National Board for Respiratory Care (NBRC), whereas initial licensure applicants must pass the higher RRT exam to qualify.
Wisconsin	Yes		Board	https://dsps.wisconsin.gov/Pages/Professions/RespiratoryCarePractitioner/Default.aspx	Graduate from a school with a course of instruction in respiratory care approved by the Commission on Accreditation for Respiratory Care (CoARC) or the Joint Review Committee for Respiratory Care (JRCRC).	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care.	Not specified.	
Wyoming	Yes		Board	https://respiratory.wyo.gov/	Degree	No		Certified Respiratory Therapist (CRT) exam or the Registered Respiratory Therapist (RRT) exam administered by the NBRC. Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	LAST REVISED 4/5/2023. https://rules.wyo.gov/Search.aspx?Agency=022 The board requires either the CRT or RRT exams to qualify, although these are the credentials associated with passage of the two parts (TMC and CSE) of the exam.

License Evaluation

State	Substantially equivalent to Montana?	If applicable, why not substantially equivalent?	Regulating Body Type	Licensing Website	Education	Supervised experience required?	Hours of Experience	Examination (Name and Provider)	Required Exam Score	Additional Comments
Alabama	Yes		Board	https://www.asbrt.alabama.gov/	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	The board does not explicitly require qualifying education. Rather, it refers to NBRC qualifications to sit for the entrance to practice exam which requires qualifying education. The TMC exam offers two cut scores which determine a persons eligibility for NBRC credentials. A low cut score is required for licensure whereas a high cut score qualifies the person for an additional exam which leads to a higher credential.
Alaska	No	Alaska does not require a license to practice	Other							A person may practice as a respiratory therapist if they have successfully completed a RT program at an accredited institution.
Arizona	Yes		Board	https://respiratoryboard.az.gov/	Indirect - Degree	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not Specified	
Arkansas	Yes		Board	https://www.armedicalboard.org/Professionals/RespiratoryTherapist.aspx	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	

California	Yes		Board	https://www.rcb.ca.gov/	Indirect - Degree	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	No Specified	
Colorado	Yes		Other	https://dpo.colorado.gov/RespiratoryTherapy	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not Specified	License requires NBRC certification, only, which requires qualifying education and passage of the TMC exam or higher.
Connecticut	Yes		Other	https://portal.ct.gov/dph/practitioner-licensing-investigations/rcp/respiratory-care-practitioner-licensure	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care		
Delaware	Yes		Other	https://dpr.delaware.gov/boards/medicalpractice/respiratory_license/	Indirect - Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not Specified	Title 24 § 1775. Respiratory Care Advisory Council. Background check is required. (a) The Respiratory Care Advisory Council (Council) consists of 7 members, 1 of whom is a physician member of the Board of Medical Licensure and Discipline. The remaining 6 council members are individuals trained in respiratory care who have been licensed and primarily employed in the practice of respiratory care in this State for at least 2 of the 3 years immediately prior to appointment. The Council may elect officers as necessary.

Florida	Yes		Other	https://floridasr.ventures.com/industry/industry-licensing/	Indirect - Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not Specified	
Georgia	Yes		Board	https://medicalboard.georgia.gov/licensure-information/respiratory-care-professional	Indirect - Degree (verified)	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not specified	
Hawaii	Yes		Program	https://cca.hawaii.gov/pvl/programs/respiratory/	Indirect - Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not Specified	
Idaho	Yes		Board	https://dopl.idaho.gov/resp/	Degree	Yes		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	UPDATED 2024 - STILL SE. Graduates may obtain a temporary permit with qualifying supervision. Permit is effective for 6 months or until license issuance upon passage of
Illinois	Yes		Board	https://idfpr.illinois.gov/profs/respcare.html	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	
Indiana	Yes		Other	https://www.in.gov/pla/professions/respiratory-care-home/	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	Licenses are review and regulated under the Indiana Respiratory Care Committee, which is a subset of the Board of Medical Examiners.

Iowa	Yes		Board	https://dial.iowa.gov/i-need/licenses/medical/respiratory-care	Indirect - Degree (verified)			Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care or higher.	Not specified	License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.
Kansas	Yes		Board	http://www.ksbha.org/main.shtml	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	Licenses are review and regulated under the Kansas State Board of Healing Arts, which regulates 16 different professions.
Kentucky	Yes		Board	https://kbrc.ky.gov/Pages/index.aspx	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified	License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.
Louisiana	Yes		Board	https://www.lsbme.la.gov/licensure/respiratory-therapists	Indirect - Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	UPDATED 2024 STILL SE Licensees are regulated under the Louisiana State Board of Medical Examiners, which regulates 17 different professions. License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.
Maine	Yes		Board	https://www.maine.gov/pfr/professionallicensing/professions/board-respiratory-care-	Degree	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	

Nebraska	Yes		Other	https://dhhs.ne.gov/Licensure/Pages/Respiratory-Care.aspx	Degree	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not specified.	
Nevada	Yes		Board	https://medboard.nv.gov/	Degree	No		Pass the examination as an entry-level or advanced practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	Licensees are regulated under the Nevada State Board of Medical Examiners with advisement from the of the Respiratory Care Advisory Committee. Qualifying education is not expressly required by statute. Rather, it refers to NBRC certified respiratory therapist or registered respiratory therapist credentials, which contemplate education and examination.
New Hampshire	Yes		Board	https://www.oplc.nh.gov/advisory-board-respiratory-care-practitioners	Degree	No		Pass the examination(s) administered in English by the NBRC to earn the certified respiratory therapist (CRT) credential or the registered respiratory therapist (RRT) credential. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	The Board serves in an advisory capacity, only, and advises the executive director in various capacities relating to rulemaking, etc.
New Jersey	Yes		Board	https://www.njconsumeraffairs.gov/resp/Pages/regulations.aspx	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No				

New Mexico	Yes		Board	https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/respiratory-care/	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor			Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care		title 16 chapter 23 part 3 revised 6/27/23 still SE
New York	Yes		Other	https://www.op.nysed.gov/professions/respiratory-therapists/status	Degree from a qualified New York State program or accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor.	No		Pass the examination as an entry-level practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.	Not specified.	
North Dakota	Yes		Board	https://www.ndsbr.com/License/index.asp	Chapter 105-02-01 amended July 1, 2018. Degree from a qualified New York State program or accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor.	No				
North Carolina	Yes		Board	https://ncrcb.org/	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	Yes, 5 years	Twelve to sixty hours depending on experience	Pass the examination as an entry-level practitioner of respiratory care administered by the National Board for Respiratory Care (NBRC) or its successor organization. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for	Not Specified.	

Ohio	Yes		Board	https://med.ohio.gov	Minimum of associate degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor			Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	No Specified	CHAPTER 4761-5 EXAMINATION AND LICENSING LAST AMENDED 9/30/2020. BOARD REQUIRES REVIEW EVERY FIVE YEARS. Licensing is administered under the State Medical Board of Ohio
Oklahoma	Yes		Board	https://www.okmedicalboard.org/respiratory_care_practitioners	Degree - Indirect	No		Pass the examination(s) administered in English by the NBRC to earn the certified respiratory therapist (CRT) credential or the registered respiratory therapist (RRT) credential. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	Licensing is administered under the Oklahoma Board of Medical Licensure and Supervision
Oregon	Yes		Board	https://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT.aspx	Degree - Indirect	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not specified.	331-710-0010 AMENDED 1/1/2021
Pennsylvania	Yes		Board	https://www.pa.gov/agencies/dos/departments-and-offices/bpoa/boards-commissions/medicine.html#accordion-78b7765b58-item-e029ef5109	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No		Passed the entry level credentialing examination as determined by the NBRC. The entry level exam is the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.	Not specified.	Licensing is administered under the Pennsylvania State Board of Medicine

Rhode Island	Yes		Board	https://health.ri.gov/licenses/detail.php?id=243	Degree - Indirect	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.		316-RICR-40-05-16 LAST UPDATED 1/4/2022 The board requires passage of the NBRC entry-level examination and the applicant to show they hold an active certificate as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) by the National Board for respiratory Care (NBRC).
South Dakota	Yes		Board	https://www.sdbmoe.gov/professions-respiratory-therapist/	Degree - Indirect	No		License requires NBRC Certified Respiratory Therapist or Registered Respiratory Therapist credential, only. Qualifying for the credential requires qualifying education and passage of the TMC exam or higher.	Not specified.	Licensing is administered under the South Dakota Board of Medical and Osteopathic Examiners under the advisement of the Respiratory Care Council
South Carolina	Yes		Board	https://lrr.sc.gov/med/rcp.aspx	Degree - Indirect	No		Applicants are required to show passage of the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care. First cut score qualifies examinee for CRT credential.		
Tennessee	Yes		Board	https://www.tn.gov/health/health-program-areas/health-professional-boards/rc-board.html	Degree - Indirect					
Texas	Yes		Board	https://www.tmb.state.tx.us/page/licensing-respiratory-care-practitioner	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No		License requires NBRC Certified Respiratory Therapist, only. Qualifying for the credential requires qualifying education and passage of the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	Licensing is administered under the Texas Medical Board.

Utah	Yes		Board	https://www.dopl.utah.gov/respiratory-care/	a respiratory care educational program accredited by the Committee on Accreditation for Respiratory Care (COARC) as evidenced by NBRC certification as a CRT or RRT	No		(1) the National Board for Respiratory Care (NBRC) Certification Examination for Entry Level Respiratory Therapists (CRT); or (2) the NBRC Registry Examination for Advanced Respiratory Therapists (RRT)	Not specified.	LAST RULE AMENDMENT 2/22/2007
Vermont	Yes		Other	https://sos.vermont.gov/respiratory-care-practitioners/	Degree from a training program accredited by the Committee on Accreditation for Respiratory Care (CoARC) or its successor	No		National exam approved by the director. The National Board for Respiratory Care (NBRC) Certification Examination is considered approved by the Director of The Office of Professional Education	Not specified.	LAST RULE AMENDMENT 9/1/2005
Virginia	Yes		Board	https://www.dhp.virginia.gov/Boards/Medicine/AbouttheBoard/RegulatedProfessions/RespiratoryTherapist/	Degree from an accredited respiratory care program.	No		License requires NBRC Certified Respiratory Therapist, only. Qualifying for the credential requires qualifying education and passage of the Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care		18-VAC-85-40-50 LAST REVISED 3/5/2020 Licensing is administered under the Virginia Board of Medicine
Washington	Yes		Program	https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/respiratory-care-practitioner	Degree - Indirect	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	RRT cut score not specified.	WAC 246-928-540 LAST REVISED 7/1/2022 Licensing is administered under the Washington State Department of Health. I found no indication that the license pool is represented on a board or advisory committee through formal means.

West Virginia	Yes		Board	https://www.wvborc.com/	Degree - Indirect	No		Registered Respiratory Therapist (RRT) exam comprised of two parts: Therapist Multiple-Choice (TMC) also known as the Written Registry Exam and Clinical Simulation Exam (CSE) exam provided by the National Board of Respiratory Care	Not specified.	30-1-3 LAST REVISED 2025 https://www.wvborc.com/Content/West%20Virginia%20Respiratory%20Care%20Act%20-%20Revised%202025.pdf Applicants "by endorsement" may qualify with active current Certified Respiratory Therapist (CRT) credential issued by the National Board for Respiratory Care (NBRC), whereas initial licensure applicants must pass the higher RRT exam to qualify.
Wisconsin	Yes		Board	https://dsps.wi.gov/Pages/Professions/RespiratoryCarePractitioner/Default.aspx	Graduate from a school with a course of instruction in respiratory care approved by the Commission on Accreditation for Respiratory Care (CoARC) or the Joint Review Committee for Respiratory Care (JRCRC).	No		Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care.	Not specified.	
Wyoming	Yes		Board	https://respiratory.wyo.gov/	Degree	No		Certified Respiratory Therapist (CRT) exam or the Registered Respiratory Therapist (RRT) exam administered by the NBRC. Therapist Multiple-Choice (TMC) exam also known as the Written Registry Exam provided by the National Board of Respiratory Care	Not specified.	LAST REVISED 4/5/2023. https://rules.wyo.gov/Search.aspx?Agency=022 The board requires either the CRT or RRT exams to qualify, although these are the credentials associated with passage of the two parts (TMC and CSE) of the exam.

Florida	No	No, due to Florida's optional path to licensure that does not require a bachelor's degree like Montana does. Possibly substantially equivalent upon proof of applicant's bachelor's degree	Board	https://floridasclinicallabs.gov/	Have earned a doctoral, master's, or bachelor's degree in a chemical, physical, biological or clinical laboratory science, or medical technology from an accredited institution. OR Have earned an associate degree in a laboratory science or medical laboratory technology from an accredited institution, or education and training that is equivalent	National Accrediting Agency for Clinical Laboratory Sciences- approved clinical laboratory training program for bachelor's degrees and associate degrees in clinical/medical lab technology.	Up to 3 years	American Society for Clinical Pathology Exam	400	
Georgia	No	License type not available				N	N			
Hawaii	No	No, due to Hawaii's optional path of 3 academic years of study in an accredited college or university in medical technology. Possibly substantially equivalent upon proof of applicant's bachelor's degree	Program	https://health.hawaii.gov/statelab/licensing/	Bachelor's degree OR Completed 3 academic years of study in an accredited college or university in medical technology OR Bachelor's degree from an accredited college or university in one of the chemical, physical, or biological sciences	For bachelor's degree - completion of training in an accredited program; for completion of 3 academic years of study - Completion of training in an accredited program in medical technology and pass a qualifying examination in medical technology and pass a qualifying examination; for bachelor's degree from an accredited college or	See supervised training or experience field	American Society for Clinical Pathology Exam	400	
Idaho	No	License type not available								
Illinois	No	License type not available								
Indiana	No	License type not available								

Iowa	No	License type not available								
Kansas	No	License type not available								
Kentucky	No	License type not available								
Louisiana	No	License type not available due to Louisiana's training program not being equivalent to Montana's bachelor's degree requirement and lack of training path. Possibly substantially equivalent upon proof of applicant's bachelor's degree and licensees licensed prior to January 1, 1995 did not require current Louisiana or Montana standards	Other	https://www.lsbme.la.gov/licensure/clinical-laboratory-personnel *LICENSED UNDER THE LOUISIANA BOARD OF MEDICAL EXAMINERS	Bachelor's degree OR Complete the educational, clinical, and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee OR Meet the requirements for licensure without examination as provided in R.S. 37:1319	The board upon the recommendation of the committee, shall issue a license in training to an individual who has not fulfilled the educational requirements to take a license examination or needs to obtain full-time comprehensive experience under supervision, or both, in any license category. A license in training shall	Varies	American Society for Clinical Pathology Exam	400	Falls under the umbrella of the Louisiana Board of Medical Examiners and is referred to as a committee
Maine	No	License type not available								
Maryland	No	License type not available								
Massachusetts	No	License type not available								
Michigan	No	License type not available								
Minnesota	No	License type not available								
Mississippi	No	License type not available								
Missouri	No	License type not available								
Montana	No		Board	https://boards.bsd.dli.mt.gov/clinical-laboratory-science-practitioners/	Bachelor's degree with 36 semester hours in physical and/or biological sciences	None		American Society for Clinical Pathology Exam	400	

Nebraska	No	License type not available								
Nevada	Yes		Other	https://dpbh.nv.gov/Reg/MedicalLabs/MedicalLaboratories-Home/	<p>(a) Successfully complete a full course of study which meets all academic requirements for a bachelor's degree in medical technology from an accredited college or university, and pass a national examination for certification approved by the Board;</p> <p>(b) Successfully complete a course of study for a bachelor's degree in one of the chemical, physical or biological sciences at an accredited college or university, have at least 1 year of additional full-time experience or training in a licensed laboratory, or laboratory of a hospital, health department or university in the specialty or subspecialty in which the person performs tests, and</p>	<p>1 year of additional full-time experience or training if applying with a bachelor's degree in chemical, physical or biological sciences</p>	<p>1 year if applicable</p>	American Society for Clinical Pathology Exam	400	
New Hampshire	No	License type not available								
New Jersey	No	License type not available								
New Mexico	No	License type not available								

New York	No	Not substantially equivalent as New York offers alternatives to education - see Education Requirements field.	Program	https://www.op.nysed.gov/clinical-laboratory-technologists	b. Education: have received an education, including a bachelor's degree in clinical laboratory technology from a program registered by the department or determined by the department to be the substantial equivalent or a clinical laboratory technology program accredited by a national accrediting organization acceptable to the department, or have received a bachelor's degree that includes a minimum number of credit hours in the sciences and received appropriate clinical education in an accredited clinical laboratory technology program or a program to be determined by the department to be the substantial equivalent; b-1. Alternatives to education:	if they completed a bachelor degree in a natural science or in a clinical laboratory science and coursework acceptable to the Department AND they meet criteria in EITHER (a) or (b) below: a.) At least two years' full-time experience (or the part-time equivalent) working in a clinical laboratory while licensed as a clinical	2 years if applicable	American Society for Clinical Pathology Exam	400
North Dakota	Yes		Board	https://www.ndclinlab.com/	Bachelor's degree	The applicant must meet one or more of the following conditions: a. The applicant has passed a national certifying examination approved by the board within two years of the date of application for initial licensure. b. The applicant has practiced by performing clinical laboratory testing as defined in subsection 5 of North	300 hours if 'a' from 'Supervised Training or Experience' is not met	American Society for Clinical Pathology Exam	400

North Carolina	No	License type not available								
Ohio	No	License type not available								
Oklahoma	No	License type not available								
Oregon	No	License type not available								
Pennsylvania	No	License type not available								
Rhode Island	No	License type not available								
South Dakota	No	License type not available								
South Carolina	No	License type not available								
Tennessee	Yes		Board	https://www.tn.gov/health/health-program-areas/health-professional-boards/medlab-board.html	(i) A baccalaureate degree in medical technology or in one of the biological, chemical, or physical sciences and completion of a medical laboratory technologist training program that was, at the time of graduation, either (I) Approved or under the auspices of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS); or (II) Approved by a national accrediting agency acceptable to the Board; or (III) Completed in a specialty program conducted by a hospital or other institution approved pursuant to Rule 1200-06-02-.04; or (ii) A baccalaureate degree from an accredited college/university, completion of an accredited MLT/CLT training program and three	Varies (see Education Required field)	Varies (see Education Required field)	American Society for Clinical Pathology Exam	400	
Texas	No	License type not available								
Utah	No	License type not available								
Vermont	No	License type not available								
Virginia	No	License type not available								
Washington	No	License type not available								

West Virginia	Yes		Program	https://dhhr.wv.gov/ols/regulation/Pages/Licensure.aspx	<p>A. Bachelor's degree in medical technology/medical laboratory science and have passed a national certification exam administered by a certifying agency recognized under subsection 2.1 of 64CSR57.</p> <p>OR</p> <p>B. Bachelor's degree in a chemical, physical or biological science other than medical technology /medical laboratory science and have at least one year of pertinent full-time experience or training in clinical testing</p>	One year of pertinent full-time experience or training in clinical testing	One year	American Society for Clinical Pathology Exam	400	
Wisconsin	No	License type not available								
Wyoming	No	License type not available								

Hawaii	No	No, as Hawaii offers a path to licensure that does not require a bachelor's degree like Montana does. May be considered substantially equivalent upon applicant presenting proof of bachelor's degree	Program	https://health.hawaii.gov/statelab/licensing/	Bachelor's degree from an accredited college or university in a pertinent chemical, physical, or biological science OR Completed 90 semester hours in an accredited college or university	For bachelor's degree - 1 year of full-time experience in a laboratory acceptable to the department in the specialty for which licensure is sought and pass a qualifying examination OR 1 year of training in an accredited program in the specialty for which licensure is sought and pass a qualifying exam. For the 90 semester	Varies - See Supervised Training or Experience field	American Society for Clinical Pathology Exam	400	
Idaho	No	License type not available								
Illinois	No	License type not available								
Indiana	No	License type not available								
Iowa	No	License type not available								
Kansas	No	License type not available								
Kentucky	No	License type not available								

Louisiana	No	<p>No, due to Louisiana's training program not being equivalent to Montana's bachelor's degree requirement and lack of training path.</p> <p>Possibly substantially equivalent upon proof of applicant's bachelor's degree and licensees licensed prior to January 1, 1995 did not require current Louisiana or Montana standards.</p>	Other	https://www.lsbme.la.gov/licensure/clinical-laboratory-personnel *LICENSED UNDER THE LOUISIANA BOARD OF MEDICAL EXAMINERS	<p>Bachelor's degree OR Complete the educational, clinical, and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee OR Meet the requirements for licensure without examination as provided in R.S. 37:1319</p>	<p>The board upon the recommendation of the committee, shall issue a license in training to an individual who has not fulfilled the educational requirements to take a license examination or needs to obtain full-time comprehensive experience under supervision, or both, in any license category. A license in training shall</p>	Varies	American Society for Clinical Pathology Exam	400	
Maine	No	License type not available								
Maryland	No	License type not available								
Massachusetts	No	License type not available								
Michigan	No	License type not available								
Minnesota	No	License type not available								
Mississippi	No	License type not available								
Missouri	No	License type not available								
Montana			Board	https://boards.bsd.dli.mt.gov/clinical-laboratory-science-practitioners/	Bachelor's degree	None		American Society for Clinical Pathology Exam	400	
Nebraska	No	License type not available								

Nevada	No	No evidence that Nevada licenses a clinical lab specialist specifically.	Other	https://dphh.nv.gov/Reg/MedicalLabs/Medical_Laboratories_-_Home/				American Society for Clinical Pathology Exam	400	
New Hampshire	No	License type not available								
New Jersey	No	License type not available								
New Mexico	No	License type not available								
New York	No	No evidence that New York licenses a clinical lab specialist specifically	Program	https://www.op.nysed.gov/clinical-laboratory-technologists				American Society for Clinical Pathology Exam	400	
North Dakota	Yes		Board	https://www.ndclinlab.com/	Bachelor's degree or higher degree with a major in one of the chemical, physical, or biological sciences	The applicant must meet one or more of the following conditions: a. The applicant has passed a national certifying examination approved by the board within two years of the date of application for initial licensure. b. The applicant has practiced by performing clinical laboratory testing as defined in subsection 5		American Society for Clinical Pathology Exam	400	
North Carolina	No	License type not available								
Ohio	No	License type not available								
Oklahoma	No	License type not available								
Oregon	No	License type not available								

Indiana	No	License type not available								
Iowa	No	License type not available								
Kansas	No	License type not available								
Kentucky	No	License type not available								
Louisiana	No	No, due to Louisiana offering an alternate pathway that doesn't specify level of degree or semester hours and licensees licensed prior to January 1, 1995 did not require current Louisiana or Montana standards.	Other	https://www.lsbme.la.gov/licensure/clinical-laboratory-personnel *LICENSED UNDER THE LOUISIANA BOARD OF MEDICAL EXAMINERS	Associate degree OR complete the educational, clinical, and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee	None specified		American Society for Clinical Pathology Exam	400	
Maine	No	License type not available								
Maryland	No	License type not available								
Massachusetts	No	License type not available								
Michigan	No	License type not available								
Minnesota	No	License type not available								
Mississippi	No	License type not available								
Missouri	No	License type not available								
Montana			Board	https://boards.bsd.dli.mt.gov/clinical-laboratory-science-practitioners/	Associate degree OR possess 60 semester or 90 quarter hours in a science-related discipline OR , or completed a military medical laboratory training program of at least 12 months in duration	Military training program	12 months minimum	American Society for Clinical Pathology Exam	400	
Nebraska	No	License type not available								

Nevada	No	No, due to Nevada offering alternate pathways that Montana does not offer - See Education Required field	Other	https://dpbh.ny.gov/Reg/MedicalLabs/Medical_Laboratories_-_Home/	Associate degree OR Have successfully completed 60 semester hours of academic credit, including chemistry, biology and a structured curriculum in techniques used in a laboratory, at an accredited institution OR Be a high school graduate or the equivalent, have completed at least 1 year in a program for training technicians approved by the Board and have 3 years of experience in a laboratory within the preceding 5 years OR Be a high school graduate or the equivalent, have successfully completed an official 50-week course in procedures for a military laboratory and have been a medical laboratory specialist or laboratory technician in the military	Military training program for alternate route	50 weeks	American Society for Clinical Pathology Exam	400	
New Hampshire	No	License type not available								
New Jersey	No	License type not available								
New Mexico	No	License type not available								
New York	No	No, due to New York offering an alternate pathway of certification which Montana does not offer, as North Dakota accepts the American Society for Clinical Pathology Exam for	Program	https://www.op.nysed.gov/clinical-laboratory-technologists	Associate degree OR current clinical laboratory technician certification by a national certification organization acceptable to the department	None		American Society for Clinical Pathology Exam	400	
North Dakota	Yes	res, as North Dakota accepts the American Society for Clinical Pathology Exam for	Board	https://www.ndclinlab.com/	Successfully complete the academic requirements of a structured clinical educational program recognized by the Board	None		American Society for Clinical Pathology Exam	400	
North Carolina	No	License type not available								
Ohio	No	License type not available								
Oklahoma	No	License type not available								



Montana Department of
LABOR & INDUSTRY

Date: February 17, 2026
To: Board of Allied Healthcare Professionals
From: Amy Pfarr, Executive Officer
RE: Election of 2026 Officers

It is time for the board to elect officers for the newly consolidated Board of Allied Healthcare Professionals. Selections will be made through nominations, motions, and voting.

- 37-1-124. Board organization – meetings – compensation – department allocation.** (1) The board shall annually elect a presiding officer and a vice presiding officer to serve in the absence of the presiding officer. The presiding officer shall preside at all meetings of the board and perform duties customarily associated with the position. The presiding officer may establish board committees to further board business and designate board members as committee members.
- (2) A presiding officer elected by the board shall serve a 1-year term commencing at the conclusion of the meeting at which the presiding officer is elected and ending on the election of their successor. A presiding officer may serve no more than four consecutive 1-year terms.
- (3) The board shall meet at least annually to conduct business. A majority of the membership of the board constitutes a quorum to conduct business.
- (4) Members of the board are entitled to compensation and travel expenses as provided in **37-1-133**.
- (5) A board designated under **2-15-1730** through **2-15-1782** is allocated to the department for administrative purposes only, as prescribed in **2-15-121**.

Executive Officer Report

- a. Financial Report – FY25-26
- b. Licensing Statistics

02296 ALLIED HEALTH

Sum of Amount	2021	2022	2023	2024	2025	2026	5 Year Average
50000 Revenues	(327,217.50)	(383,170.00)	(203,555.00)	(229,685.00)	(281,195.00)	(142,670.00)	(284,964.50)
500000 Licenses & Permits	(318,490.00)	(373,085.00)	(192,055.00)	(217,095.00)	(271,885.00)	(138,875.00)	(274,522.00)
520000 Charges For Services	(630.00)	(1,150.00)	(1,550.00)	(325.00)	(225.00)	(180.00)	(776.00)
540000 Fines/Forfeits	(7,737.50)	(8,455.00)	(9,780.00)	(12,225.00)	(9,045.00)	(3,595.00)	(9,448.50)
550000 Sale Of Documents/Mdse/Prop	(360.00)	(480.00)	(170.00)	(40.00)	(40.00)	(20.00)	(218.00)
60000 Expenditures	231,927.38	213,539.29	206,641.65	321,936.76	319,897.86	209,379.66	258,788.59
61100 Salaries	94,979.50	83,227.97	90,332.16	143,040.03	143,184.55	77,352.68	110,952.84
61300 Other Compensation	1,100.00	750.00	650.00	2,100.00	700.00	800.00	1,060.00
61400 Employee Benefits	38,640.54	32,112.07	38,238.66	54,282.07	51,596.08	28,670.26	42,973.88
62100 Other Services	1,641.64	18,251.23	9,498.88	12,110.76	13,371.76	13,472.08	10,974.85
62200 Supplies & Materials	404.66	746.27	322.04	1,003.13	1,488.41	1,032.88	792.90
62300 Communications	1,850.17	2,164.77	2,119.52	6,237.88	5,714.75	1,482.18	3,617.42
62400 Travel	4.78	31.73	68.07	1,980.24	1,502.34	1,138.10	717.43
62500 Rent	6,986.36	143.67	253.18	793.73	830.77	449.31	1,801.54
62600 Utilities			5.25				5.25
62700 Repair & Maintenance	142.04	142.24	144.40	149.95	59.07		127.54
62800 Other Expenses	85,502.96	66,814.10	55,280.21	90,095.29	91,692.46	80,532.38	77,877.00
68100 Fund transfers		1,540.11	1,362.74				1,451.43
69300 Capital Leases	674.73	(0.00)	0.00				224.91
69400 Installment Purchases		432.77	414.62	237.67			361.69
69500 Lease Liability			7,951.92	9,906.01	9,757.67	4,449.79	9,205.20
69500 ROU Loans		7,182.36					7,182.36
Grand Total	(95,290.12)	(169,630.71)	3,086.65	92,251.76	38,702.86	66,709.66	(26,175.91)

Sum of Amount	Column Labels					
Row Labels	2021	2022	2023	2024	2025	2026
62801 Dues	32.66	37.15	32.90	144.12	117.11	20.48
62802 Subscriptions	41.89	15.99	53.20	11.46	9.90	
62807B Notary Application Fee SOS						1.96
62809 Education/Training Costs	6.24	14.88	89.80	197.90	84.67	
62809A DoA - Pro Develop Center	46.02	52.25	31.40		0.00	
62809B Enterprise Learning and Dev				74.88	79.93	112.37
62814 Tuition	12.08	8.52	9.93	(10.96)		
62817 Meetings/Conference Costs			6.08	83.47	113.79	80.34
62823 Licenses & Permits	4.42		2.27	4.50		
62827R DLI TSD Direct	1,802.06	2,346.10	4,158.12	6,782.66	5,758.05	7,129.17
62827S DLI TSD Enterprise	1,833.93	3,052.36	3,695.95	9,069.80	10,687.53	6,294.65
62827T DLI Legal Expense	31,402.32	37,182.00	20,068.14	32,312.83	23,067.10	14,417.65
62827U DLI TSD Technical Services	4,931.64	3,632.97	2,945.52			
62827W DLI TSD Application Services	7,090.64	7,355.57	9,101.84	14,070.65	20,493.24	13,667.28
62827Y DLI TSD Direct Other	16,938.98	4,004.71	4,405.74	9,082.81	13,901.86	29,095.34
62866 Fee Collection Expense	12,611.06	(12.69)				
62885 Late Payment Interest/Penalty		4.87				
62889 Agency Indirect Cost	8,687.52	9,119.42	10,679.32	18,271.17	17,379.28	9,712.19

02296 ALLIED HEALTH

Fiscal Year 2026

FY 26 Appropriation	\$436,847
2 X's approp allowed	\$873,694

Sum of Amount	00 (Beg)	01 (Jul)	02 (Aug)	03 (Sep)	04 (Oct)	05 (Nov)	06 (Dec)	07 (Jan)	Grand Total
10000 Assets	614,887.17	5,736.97	(33,207.83)	(32,469.61)	(32,498.86)	(20,494.01)	(737.91)	46,259.27	547,475.19
50000 Revenues		(7,020.00)	(6,675.00)	(6,220.00)	(7,810.00)	(4,620.00)	(29,360.00)	(80,965.00)	(142,670.00)
500000 Licenses & Permits		(6,450.00)	(6,100.00)	(5,575.00)	(7,012.50)	(4,205.00)	(28,852.50)	(80,680.00)	(138,875.00)
520000 Charges For Services		(45.00)			(15.00)	(15.00)	(45.00)	(60.00)	(180.00)
540000 Fines/Forfeits		(525.00)	(575.00)	(625.00)	(782.50)	(400.00)	(462.50)	(225.00)	(3,595.00)
550000 Sale Of Documents/Mdse/Prop				(20.00)					(20.00)
60000 Expenditures		742.14	39,872.21	38,526.70	40,332.65	25,090.22	30,097.91	34,717.83	209,379.66
61100 Salaries		240.03	16,099.98	10,877.63	16,914.40	10,712.64	11,034.97	11,473.03	77,352.68
61300 Other Compensation					800.00				800.00
61400 Employee Benefits		165.63	7,058.08	4,059.26	5,179.96	3,841.16	4,127.36	4,238.81	28,670.26
62100 Other Services		282.07	267.71	1,559.58	1,655.95	439.83	3,273.25	5,993.69	13,472.08
62200 Supplies & Materials		15.92	31.91	40.20	34.95	836.78	22.98	50.14	1,032.88
62300 Communications		0.12	511.38	279.21	144.50	144.10	191.83	211.04	1,482.18
62400 Travel				75.67	1,003.09	54.44		4.90	1,138.10
62500 Rent		13.57	74.07	44.35	9.69	183.36	45.10	79.17	449.31
62800 Other Expenses			15,829.08	18,638.78	14,590.11	8,276.56	10,741.70	12,456.15	80,532.38
69500 Lease Liability		24.80		2,952.02		601.35	660.72	210.90	4,449.79

02296 ALLIED HEALTH	240,950
02810 Radiologic Tech	98,573
02811 Clinical Laborat	52,370
02855 Respiratory Carr	44,954
	<hr/>
	436,847

Sum of Amount	Column Labels	03 (Sep)	04 (Oct)	05 (Nov)	06 (Dec)	07 (Jan)	Grand Total
62827T DLI Legal Expense	Row Labels	5,607.78	4,044.59	2,364.99	187.37	2,212.92	14,417.65



Date: February 17, 2026

To: Board of Allied Healthcare Professionals

From: Amy Pfarr, Executive Officer

RE: License Statistics

Practice	2026 Active Licensees	2026 Inactive Licenses	2025-26 Applications
Clinical Laboratory Scientist	884	24	171
Clinical Laboratory Specialist	121	0	7
Clinical Laboratory Technician	61	0	77
RAD Technologist	2060	0	419
RAD Limited Permit Holder	187	0	103
Respiratory Care Practitioner	982	5	182

Schedule Meetings

- a. June 4, 2026**
- b. September 3, 2026**
- c. December 3, 2026**

Adjournment