

**THE FASTEST WAY TO RENEW IS ONLINE!**

To renew online go to:  
https://ebiz.mt.gov/pol/

**MONTANA BOARD OF DENTISTRY**  
PO BOX 200513  
(301 S PARK, 4TH FLOOR - Delivery)  
Helena, Montana 59620-0513  
(406) 444-6880

EMAIL: [dlibsdhel@mt.gov](mailto:dlibsdhel@mt.gov) WEBSITE: [www.dentistry.mt.gov](http://www.dentistry.mt.gov)

*Your Montana dental license and/or Anesthesia Permit will expire on March 1.*

**If you are submitting the paper renewal form, please follow these instructions:**

- 1) Complete all the information on the renewal form, below, and forward both the form and a check to the address above. If you have questions about the form or fees due, please contact the board using the information shown above.
- 2) Submit a check or money order for \$183.00 (plus any applicable fees as required below) made payable to the Board of Dentistry. This *includes* the MPDR fee (\$153 + \$30). If you hold an anesthesia permit more fees apply, see below. Canadian and foreign residents must pay in U.S. funds only. **Do not send cash.**
- 3) When converting from inactive to active status, the licensee must pay the difference between the inactive status fee and the active status fee for the remainder of the current renewal period.
- 4) Renewals postmarked after March 1st will be assessed a penalty fee by state law of 100% of the renewal fee increasing the total to \$612.00, plus the anesthesia permit late fee if applicable.
- 5) Incomplete or unsigned renewal applications must be corrected before the March 1 deadline to avoid the assessment of a late fee.

LICENSE NUMBER

CHECK FOR NEW ADDRESS  
(Indicate any changes below)

**RENEWAL FORM**

Name

Address

City  State  Zip Code

Country

E-Mail

**ANESTHESIA PERMIT:**

Mark here if you hold an Anesthesia Permit:      Moderate sedation      Deep Sedation/General Anesthesia  
An additional fee of \$25.00 (\$50 if after March 1st) is required to renew your anesthesia permit and must be submitted with this renewal form.

**MPDR FEE STATEMENT:**

All Montana licensees who are authorized to prescribe or dispense prescription drugs are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37-7-1511(1), effective October 1, 2019, as amended by the Montana Legislature. The MPDR is administered by the Board of Pharmacy. The MPDR fee is collected as a separate fee at the time of license renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program.

**CONTINUING EDUCATION:**

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by 37-1-306, MCA and ARM 24.138.403, 24.138.514, 24.138.518, 24.138.525, 24.138.2101, 24.138.2102, 24.138.2103, 24.138.2104, 24.138.2105 24.138.2106 and 24.138.3229 and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

**CPR/ACLS/PALS REQUIREMENT:**

I have a current and unexpired CPR, ACLS or PALS card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. Check One:      **ACLS**      **CPR**      **PALS**      **Expiration Date:**

**DISCIPLINE:**

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest? Montana Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

**NO**

**YES** If yes, please attach copies of the document that initiated each action and all final orders.

**INACTIVE STATUS:**

If you are requesting to place your license on inactive status, or are currently inactive, please initial the box below. For a dentist, the yearly inactive fee is \$77.00 which should be submitted with this form.

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_