

**Board of Dentistry
301 South Park
PO Box 200513
Helena MT 59620-0513
E-MAIL: [\(406\) 444-6880](mailto:dlbstdhelp@mt.gov)**

RENEWAL APPLICATION

License No

**Check For New Address.
Indicate any changes below.**

Name

Address

City

 State Zip Code

Country

E-MAIL

Your Montana **DENTURIST** license will lapse on March 1.

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol/> (Online transaction must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.) **OR:**

- 1) Complete all the information on the renewal application.
- 2) Read the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$100.00 made payable to the Board of Dentistry. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. postal service postmarked after March 1st will be assessed a penalty fee by state law of 100% of the renewal fee increasing the total to \$400.00.
- 6) In order to maintain an active license you must maintain a "current" CPR/ACLS/PALS card. You may not renew as "ACTIVE" without a current card. Complete the CPR/ACLS/PALS statement below.
- 7) Incomplete or unsigned renewal applications will not be processed and WILL BE RETURNED.

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

CONTINUING EDUCATION:

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.

Circle One: ACLS CPR PALS Expiration Date: _____

Inactive Status

If you are requesting to place your license on inactive status, or are currently inactive, please initial the line below. For a denturist, the yearly inactive fee is \$50.00 which should be submitted with this form.

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. If so, please attach copies of the document that initiated each action and any final orders. Yes No

Your signature: _____ Date: _____

DO NOT SEND CASH