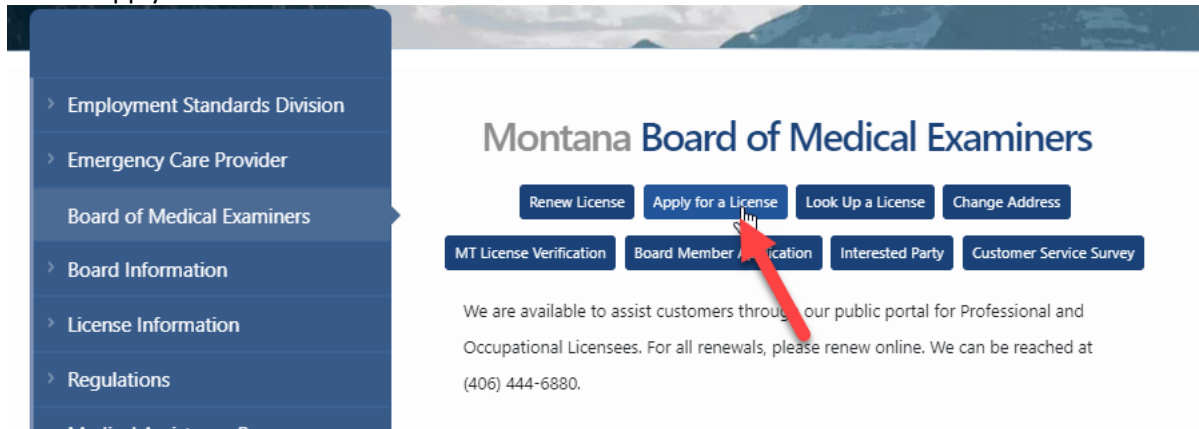
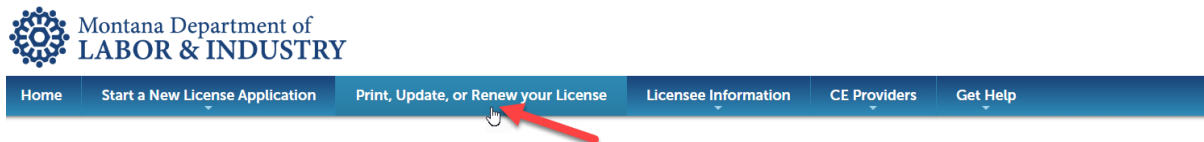


## INSTRUCTIONS FOR PHYSICIAN ASSISTANT INDEPENDENT PRACTICE APPLICATION

- 1) Visit the Montana Board of Medical Examiners' website: <https://boards.bsd.dli.mt.gov/medical-examiners/>
- 2) Select "Apply for a License"



- 3) Select "Print, Update, or Renew your License"



- 4) Find your license record and select "All other Options"

Health Care Licensing									
Showing 1-2 of 2   Download results   Add to collection									
<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short Notes
<input type="checkbox"/>	08/21/2024	MED-PAC-APP-143892	Physician Assistant Application				Closed - License Issued		
<input type="checkbox"/>	08/21/2024	MED-PAC-LIC-143893	Physician Assistant License			10/31/2025	Active	<a href="#">All Other Options</a>	

- 5) The application is built like an endorsement. Check the box next to "Independent Practice" then click "continue."

Physician Assistant Endorsement Application

1 Endorsement 2 Attachments 3 Review 4 Pay Fees 5 Record Issuance

\* indicates a required field.

**Custom Fields**

**PA ENDORSEMENT OPTIONS**

\*Enter your current Montana Physician Assistant License number.: MED-PAC-LIC-143893

Lead Instructor: ☐

Medical Director: ☐

Independent Practice: ☒

1

2

Save and resume later

Continue »

- 6) Answer questions/attest to the statements, then click “continue”

**Physician Assistant Endorsement Application**

1 Endorsement 2 Attachments 3 Review 4 Pay Fees 5 Record Issuance

\* indicates a required field.

**Independent Practice**

**INDEPENDENT PRACTICE**

\* I hereby attest and affirm under penalty of perjury and license revocation that I have 8000 or more hours of “Postgraduate clinical experience” as defined by the delivery of health care directly to patients, after licensure as a physician assistant, pursuant to a collaborative agreement with a physician or physician assistant: ☐ Yes ☐ No

\* I hereby attest and affirm under penalty of perjury that I shall engage in practice for which I have been educationally prepared and for which I have achieved and maintained competency.: ☐ Yes ☐ No

[Save and resume later](#) [Continue »](#)

- 7) Upload any relevant attachments or simply click “continue.”

**Physician Assistant Endorsement Application**

1 Endorsement 2 Attachments 3 Review 4 Pay Fees 5 Record Issuance

\* indicates a required field.

**Attachment**

The maximum file size allowed is 100 MB.  
ade;adp;bat;chm;cmd;com;cpl;dll;exe;hta;htm;html;ins;isp;jar;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;piif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsf;wsh are disallowed file types to upload.

Document Name	Type	Size	Latest Update	Action
No records found.				

[Browse: Please upload only black and white documents.](#)

[Save and resume later](#) [Continue »](#)

- 8) Review information, check box if you agree, then click “continue.”

Save and resume later

Continue »

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Physician Assistant Endorsement Application

Custom Fields

PA ENDORSEMENT OPTIONS

Enter your current Montana Physician Assistant License number.:

MED-PAC-LIC-144033

Lead Instructor:

No

Medical Director:

No

Independent Practice:

Yes

Edit

Independent Practice

INDEPENDENT PRACTICE

I hereby attest and affirm under penalty of perjury and license revocation that I have 8000 or more hours of "Postgraduate clinical experience" as defined by the delivery of health care directly to patients, after licensure as a physician assistant, pursuant to a collaborative agreement with a physician or physician assistant. Yes

I hereby attest and affirm under penalty of perjury that I shall engage in practice for which I have been educationally prepared and for which I have achieved and maintained competency. Yes

Edit

Attachment

The maximum file size allowed is 100 MB.  
ade;adp;bat;chm;cmd;com;cpl;dll;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;pif;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Document Name	Type	Size	Latest Update	Action
No records found.				

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Medical Examiners. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

☒ By checking this box, I agree to the above certification.

Date: 09/13/2024

Save and resume later

Continue »