

MONTANA BOARD OF MEDICAL EXAMINERS

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TEMPORARY EMERGENCY / DISASTER EXEMPTION **FOR EMERGENCY MEDICAL TECHNICIANS NOT LICENSED IN MONTANA**

This form is designed to provide a temporary exemption to the requirement for Montana licensure under [ARM 24.156.2771\(7\)](#).

The Board of Medical Examiners is granting an exemption from Montana state licensure for the purposes of providing necessary flexibility for Federal/State Emergency/Disaster Managed Incidents and Managing Agency.

- 1) The exemption authorizes an ECP with a license in good standing from another state to function at that level of licensure, but only up to the basic EMT level. However, if the ECP has medical direction provided by a Montana-licensed physician, **and** the medical director authorizes the individual to function beyond the basic EMT level, such practice may occur if the ECP is licensed at the level of licensure in the other state.
- 2) The exemption is temporary and limits the ECP's practice to the duration of the Federal/State Managed Incident and will expire upon conclusion of the Federal/State contract or assignment.
- 3) The exemption limits the ECP's practice to the geographic area assigned and designated by the Federal/State Managed Incident.
- 4) The ECP **must provide proof** of a current unrestricted license in another state **with this completed form**.

Please PRINT the following information and return to the **Montana Board of Medical Examiners with PROOF OF CERTIFICATION AND/OR LICENSURE:**

Full Name: _____
(Last) (First) (Middle)

Address: _____
(PO Box or Street) (City) (State) (Zip)

Current State Certification / Licensure information: Certification Level: EMR EMT AEMT PARA

State: _____ Certification/License #: _____ Expiration Date: _____

INCIDENT

Assignment: _____ (name of incident) Location of Incident: _____

Medical Director: _____

AFFIDAVIT

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 form for temporary exemption to be true and complete to the best of my knowledge. In signing this form, I affirm that I have read and am familiar with the applicable licensure laws of the State of Montana including the Montana ECP Guidelines approved by the Board. I accept and will abide by the Montana Board of Medical Examiners requirements and conditions under which this exemption is granted and that I will not practice above the basic EMT level regardless of my current certification/license level if I do not have a Montana-licensed Medical Director.

Legal Signature of Applicant: _____ Date: _____