

MONTANA BOARD OF MEDICAL EXAMINERS
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406)444-6880 FAX (406) 841-2305
E-MAIL: dlibsmed@mt.gov WEBSITE: www.emt.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

FEES **\$10.00 application fee per submission**, whether you are applying for one or multiple endorsements at the same time.
Payable to: Montana Board of Medical Examiners

DOCUMENTS The following documents must be submitted to the Board office in order to complete your endorsement application. Please make 8 ½" x 11" copies of the following and submit with your application.

Every endorsement requested requires an attached copy of the "Verification of Course Completion Form" for the endorsement(s) applied for.

APPLICATION PROCEDURES

When the application is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

Keep the Board office informed at all times of any address changes or changes to the originally submitted application. This is essential for timely processing of applications and subsequent licensure.

The applicant will be notified in writing of any deficient or missing items from the application file.

MONTANA BOARD OF MEDICAL EXAMINERS
PO Box 200513
(301 South Park Avenue 4th Floor – Delivery Only)
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E-MAIL: dlibsdmed@mt.gov WEBSITE: www.emt.mt.gov

Endorsement Application

TYPE OR PRINT IN INK

1. FULL NAME: _____
Last First Middle

2. HOME ADDRESS: _____
Street or PO Box # City and State Zip

3. BUSINESS ADDRESS: _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS: Business Home E-MAIL ADDRESS: _____

4. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

5. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

6. LICENSE #: _____ LICENSE TYPE: **EMR** **EMT**
Advanced EMT **Paramedic**

I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana.

Signature of Applicant