

**MONTANA BOARD OF MEDICAL EXAMINERS**

**PO BOX 200513**

**(301 S PARK, 4TH FLOOR - Delivery)**

**Helena, Montana 59620-0513**

**(406) 444-6880**

**RENEWAL EMAIL: [dlibsdlhelp@mt.gov](mailto:dlibsdlhelp@mt.gov) WEBSITE: [www.medical.mt.gov](http://www.medical.mt.gov)**

**PARAMEDIC RENEWAL FORM**

**NAME**

**LICENSE #**

**ADDRESS**

Is this a new address?

**YES**

**NO**

**CITY**

**STATE**

**ZIP**

**EMAIL**

**Renewal Fee: \$75**

**Please note:** A late fee of an additional \$75, for a total of \$150, is due if postmarked after March 31 of your license's expiration year.

CONTINUED COMPETENCY REQUIREMENTS: I understand my recurring duty to comply with and maintain records of continuing education, certification, and my medical director's authorization/attestation of continued competence (including endorsement skills) which shall be made available to the board upon request, as established by [ARM 24.156.2718](#). I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

**YES**

**NO**

**RENEWAL DISCIPLINARY STATEMENT:**

**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?**

**YES** If so, attach copies of the document that initiated each action and all final orders. Montana Code Ann.

Sec. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

**NO**

**Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Medical Assistance Program, which might adversely affect any aspect of your ability to perform as a Paramedic?**

**YES**

**NO**

**Have you during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or Medical Assistance Program?**

**YES**

**NO**

**LICENSEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**