

License No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_  **Check if a New Address**

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ DEA No. \_\_\_\_\_

**Renewal Fee: \$375**

Please Note: A late fee of an additional \$375, for a total of \$750, is due if the completed renewal application (including fee) has a U.S. Postal Service postmark after March 31 of your license's expiration year.

**MPDR Fee: \$0**

**MONTANA PRESCRIPTION DRUG REGISTRY (MPDR) REQUIREMENTS AND FEE STATEMENT:**

- MPDR provides a list of controlled substances dispensed to a patient and permits authorized users to access the information for the purpose of improving patient safety.
- Registration and Fee Payment: All Montana licensees authorized to prescribe or dispense prescription drugs are required to:
  - Pay the annual \$30 MPDR fee (\$60 for 2 year license renewals) **Fee abated 7/1/2023-6/30/2025**.which is automatically collected at the time of license renewal, MCA 37-7-1511, and
  - Register with the MPDR, Montana Code Annotated (MCA) MCA 37-7-1503. Visit [www.mpdr.mt.gov](http://www.mpdr.mt.gov) for registration information.
- Prescriber Mandatory Use: Effective July 1, 2021, a prescriber, or an agent of the prescriber, is required to search a patient's MPDR record before issuing a prescription for an opioid or a benzodiazepine to the patient, except in certain circumstances, MCA 37-7-1515.

**If you wish to change your license status to Inactive, you may wish to contact the Board office. Changing to Inactive status can have a significant impact on your ability to return to Active Status.**

In order to renew your physician license:

- Answer the questions on the following page, sign and submit the form. Alternatively, you may renew your license here.
- Submit a check or money order for the appropriate amount as indicated above. Make payable to the *Board of Medical Examiners*. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the board office completed and postmarked by March 31.
- If you wish to activate an inactive license, please contact the Board office at [dlibsddhelp@mt.gov](mailto:dlibsddhelp@mt.gov). If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign, and date.

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 yes, 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 revocation of your license.

No

**Do Report:**

- A criminal action arising out of your medical practice. Attach a copy of the "Indictment," "Information," or other initiating documents.
- A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the "Judgment," "Verdict," "Order," or "Final Order."
- A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the "Final Order" or other concluding document.
- Medicaid/Medicare sanctions taken against you by the DPHHS. Attach a copy of the pertinent document(s).

**Do Not Report:**

- A claim filed with your insurance carrier.
- A claim or proceeding before the Medical-Legal Panel.

**YOU MUST ANSWER ALL QUESTIONS BELOW BY CHECKING EITHER YES OR NO  
IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, SUBMIT YOUR DETAILED  
WRITTEN EXPLANATION TO THE BOARD OFFICE.**

Yes     No      Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Recovery Program, which might adversely affect any aspect of your medical practice?

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 the Montana Recovery Program)?

Yes     No      Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?

Yes     No      Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied any prescribing privileges?

Yes     No      Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?

Signature:

Date: