

Board of Medical Examiners
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

PHYSICIAN RENEWAL APPLICATION
[License Status: **INACTIVE**]

License No _____

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail: _____ **Check if a New Address**

Work Phone _____ Home Phone _____ DEA No. _____

Renewal Fee: \$190 _____

Please Note: A late fee of an additional \$190, for a total of \$380, 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.

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 dlibsdfhelp@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 Medical Assistance 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 Medical Assistance 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: _____