



## Montana Board of Medical Examiners

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## Licensing Requirements and Application Checklist Resident Physician

### License Requirements for Resident Physician

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. In good standing in an approved residency program, either within or outside of Montana, and seeing patients under the supervision of a Montana-licensed Physician – [[MCA 37-3-307](#), [ARM 24.156.508](#)]

### Checklist of Required Documents to Submit for Application for Resident Physician

The following documents and additional forms are required in addition to the basic application. None of these documents may be submitted directly by the applicant as part of the application. All must be sent to the board directly from either the primary source. The Board of Medical Examiners accepts Federation Credential Evaluation Service (FCVS) profiles and Uniform Applications submitted via the Federation of State Medical Boards. The Board also accepts state Physician license verifications submitted via VeriDoc.

- Verification from residency program.
- Verifications of medical licensure in other states (if applicable.)
- DEA license (if applicable.)
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.)

### Application Fee(s) for Resident Physician

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$75 application fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

**Montana Board of Medical Examiners**  
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## **APPLICATION FOR LICENSURE AS RESIDENT PHYSICIAN**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

### **RESIDENT PHYSICIANS ARE SUBJECT TO BOARD RULES ON SCOPE OF PRACTICE. (ARM 24.156.507)**

The Resident license is valid for up to one year and may be renewed, at the Board's discretion, for additional 1-year periods as long as the resident is in good standing in an approved residency program.

The renewal deadline will be June 30. The renewal fee is \$75.

#### **LICENSING REQUIREMENTS:**

All applicants for a Resident license:

- Must submit an application and fee to the Board.
- Must be a current resident in good standing:
  - 1) In a Montana residency program and is seeing patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in Montana; or
  - 2) With an approved residency (one that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association) and who, in the course of an approved rotation of the applicant's residency program, is seeing patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in Montana. a program.

**APPLICATION FEE: \$75** payable to the Montana Board of Medical Examiners

#### **DOCUMENTS:**

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

- **Letter of Verification from an Approved Residency Program**
- **Copy of all Current State Medical Licenses or Certificates (if applicable)**
- **Copy of DEA license (if applicable)**

#### **APPLICATION PROCEDURES:**

The letter of Verification from your Approved Residency Program must state that you are in good standing and that your current status or rotation is part of the training program.

Your application must include the name and address of the Montana-licensed Physician who will be responsible for your supervision. The Physician's license must be current and unrestricted.

The Board office must be informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES:**

An application may take up to 30 days to process from the time it is received in the Board office.

Upon receipt of a completed application with all the supporting documentation, the application will be reviewed for compliance with the Board's statutes and rules.

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

**For information with regard to the processing of this application and other concerns, please contact the Board of Medical Examiners staff at (406) 444-6880 or email [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov)**

PLEASE BE SURE REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF MEDICINE ON OUR WEBSITE: **<http://www.medicalboard.mt.gov>**



14. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory. Use additional paper if needed.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				Exam <input type="radio"/> Endorse <input type="radio"/> Other <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
				Exam <input type="radio"/> Endorse <input type="radio"/> Other <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
				Exam <input type="radio"/> Endorse <input type="radio"/> Other <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

15. If you already have received a license, which exam did you take for initial licensure?

National Boards       FLEX       USMLE       LMCC

State Exam (indicate state) \_\_\_\_\_

16. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

17. **PRIOR RESIDENCIES/INTERNSHIPS**

Please enter information about any programs you have attended previously.

Name of Program	City and State/ Province/Territory	Dates Attended (MM/YYYY)	Certificate Received?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**18. INFORMATION ABOUT THE RESIDENCY/ROTATION ASSOCIATED WITH THIS APPLICATION:**

NAME OF RESIDENCY PROGRAM: \_\_\_\_\_

IF A ROTATION ONLY, NAME OF ROTATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATES OF RESIDENCY OR ROTATION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**19. MONTANA SUPERVISING PHYSICIAN(S)**

Please enter the names and information about the Montana-licensed physician(s) who will supervise you during the duration of your Resident license.

PHYSICIAN NAME:
LICENSE NUMBER:
PHYSICIAN ADDRESS:
PHYSICIAN TELEPHONE NUMBER:
PHYSICIAN E-MAIL ADDRESS:

PHYSICIAN NAME:
LICENSE NUMBER:
PHYSICIAN ADDRESS:
PHYSICIAN TELEPHONE NUMBER:
PHYSICIAN E-MAIL ADDRESS:

### **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 application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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Signature of Applicant

Date