

Check here if any information is new.

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(If, other than the United States)

**ACTIVE RN LICENSE ATTESTATION FOR APRN RENEWAL**

**I understand that to practice as an APRN or represent myself as an APRN in Montana, I must hold an active Montana APRN license and an active MT RN license or have a multi-state privilege to practice as an RN in Montana if I hold a Compact License in another state.**

NURSE PRACTITIONER-\$50.00

NURSE ANESTHETIST-\$50.00

CLINICAL NURSE SPECIALIST-\$50.00

NURSE MIDWIFE-\$50.00

PRESCRIPTIVE AUTHORITY-\$75.00 + MPDR

FEE-\$60.00

**MPDR (MT Prescription Drug Registry): \$60 for two years**

All APRNs licensees with prescriptive authority are REQUIRED to pay a \$30 annual fee for maintaining the MPDR: see Montana Code. Sec 37-7-1511 (1). The fee is \$60 for licensees who have a two year renewal.

**Your Montana Nursing license will expire on December 31 every two years. This is a two-year renewal period.**

**TO RENEW YOUR LICENSE ONLINE GO TO:** [www.ebiz.mt.gov/pol](http://www.ebiz.mt.gov/pol) (Online transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.)

**OR**

- 1) Complete this renewal application.
- 2) Answer the legal/disciplinary question at the bottom of the form (include DUI's, and any other criminal charges).
- 3) Answer the Continuing Education Attestation Statements.
- 4) Choose a license status by checking the appropriate box above and submitting a check or money order made payable to the **Montana Board of Nursing**. If your check is returned, your license will become invalid, and you will be charged an additional administrative fee of \$30.00. Practicing nursing with an invalid license is a violation of the Nurse Practice Act. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- 5) Sign and date the renewal form.
- 6) Renewals with a U.S. Postal Service postmark after December 31st will be assessed a late renewal fee at double the rate of your license renewal fee. **The late fee is non-refundable and non-waivable.**

**CONTINUING EDUCATION ATTEST STATEMENT:** As an APRN you only need 24 total contact hours if you are licensed as both an RN and APRN. IF you hold a prescriptive authority endorsement on your APRN license, then you need to have 12 of the 24 contact hours completed in pharmacology, pharmacotherapeutics, and/or clinical management of drug therapy. If you were not licensed for that full two year period, your requirement is pro-rated, meaning you need one contact hour per month licensed in the renewal period. Keep all of your completed continuing education certificates and if you should be selected in a random audit, you will be notified by mail and asked to produce those certificates. (CE requirements are on the Board website [www.nurse.mt.gov](http://www.nurse.mt.gov) , click on the "Regulations" tab, and select "Administrative Rules". Please reference rules 24.159.1468, 24.159.1469 and Subchapter 21 - Renewals and Continuing Education".)

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.159.2102 and that 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.

I hereby declare under penalty of perjury the information included in my renewal application to be true and complete to the best of my knowledge. In signing this renewal application, I am aware that a false statement may lead to disciplinary action against my license. The Board may audit my records to verify my compliance with the rules and regulations governing this license. I have read and am familiar with the laws and rules of the State of Montana relating to nursing and agree to comply with them.

**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, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

**No**

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT SEND CASH**