

MONTANA BOARD OF NURSING
PO Box 200513, Helena, MT 59620-0513 (Mailing address)
301 S Park Ave, 4th Floor, Helena, MT 59601 (Physical address)
EMAIL: nurse@mt.gov WEBSITE: nurse.mt.gov
ONLINE APPLICATION PORTAL: ebiz.mt.gov/pol

INSTRUCTIONS FOR ADDING AN APRN CERTIFICATION TO AN EXISTING APRN LICENSE

FEES

- Application fee is \$75.00 per APRN certification type.
- Fees are payable to the Montana Board of Nursing by check, money order, or cashier's check.
- Please enclose your payment with your application.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

ADDITIONAL CERTIFICATION REQUIREMENTS (see ARM [24.159.1412](#))

- Possess a current Montana RN license or a current multistate RN license from another [Nurse Licensure Compact](#) state and a current Montana APRN license.
- It is the applicant's responsibility to ensure that official transcript, showing degree awarded and date degree was conferred, is sent from the advanced nursing educational program directly to the Montana Board of Nursing (electronic submissions can be sent from the educational institution to dlibsdlhelp@mt.gov)
- It is the applicant's responsibility to ensure evidence of preceptorship, if not reflected on the transcript (ie – as clinical or practicum), is sent from the educational institution directly to the Montana Board of Nursing.
- Provide proof of current national certification in the APRN role and population focus, congruent with education preparation.

RENEWAL

- All licenses expire on December 31 every two years.
- Renewal notices are mailed 45 days prior to the expiration date to your address of record. A change of address form is available at nurse.mt.gov under Quick Links.
- All APRNs licensed in Montana must maintain proof of 24 continuing education credits per two year licensing period. If prescriptive authority endorsement is held by APRN, 12 of the 24 contact hours must be completed in pharmacology, pharmacotherapeutics, and/or clinical management of drug therapy.

NON-ROUTINE APPLICATIONS (see ARM [24.159.403](#))

- If the completed application is non-routine, there may be a delay in processing.
- The Board may request that you provide additional information and you may be requested to be available in person or by phone for the Board during a regularly scheduled Board meeting.
- An application and ALL supporting documentation must be received by the Board 15 business days prior to a scheduled Board meeting. Please refer to our website for Board meeting dates.

IMPORTANT INFORMATION FOR ALL APPLICANTS

- It is critical to your licensure to not withhold any information regarding each question on the application.
- The applicant will be notified of any deficiencies in their application.
- The licensure status can be viewed at [Licensee Lookup](#) or within 24 hours of license issuance on www.nursys.com (Quick Confirm).
- It is the responsibility of the applicant to keep the Board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at nurse.mt.gov under Quick Links.
- The practice of nursing in Montana is governed by the Board's Statutes and Administrative Rules. These are found at nurse.mt.gov under Regulations.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

Application fees must be paid before your application can be reviewed. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Nursing.

ADVANCED PRACTICE REGISTERED NURSES ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE and if applicable, A PRESCRIPTIVE AUTHORITY ENDORSEMENT

APPLICATION FOLLOWS

MONTANA BOARD OF NURSING
PO Box 200513, Helena, MT 59620-0513 (Mailing address)
301 S Park Ave, 4th Floor, Helena, MT 59601 (Physical address)
EMAIL: nurse@mt.gov WEBSITE: nurse.mt.gov

Application for adding an APRN certification to an existing APRN License:

Current role(s) and population focus(foci) (choose all you are currently licensed to practice):

CNM (Certified Nurse Midwife), population focus: _____

CRNA (Certified Registered Nurse Anesthetist), population focus: _____

CNP (Certified Nurse Practitioner), population focus: _____

CNS (Clinical Nurse Specialist), population focus: _____

Current Montana APRN license number: NUR-APRN-LIC- _____

Additional APRN certification(s) you would like added to your APRN license:

CNM (Certified Nurse Midwife) - \$75.00

CRNA (Certified Registered Nurse Anesthetist) - \$75.00

CNP (Certified Nurse Practitioner), population focus _____ - \$75.00

CNS (Clinical Nurse Specialist), population focus _____ - \$75.00

Allow 30 business days from the date the Board office has received all required documentation for processing a routine application, which includes being made eligible to test.

PLEASE PRINT OR TYPE

1. FULL NAME: _____
First Middle Last

2. SOCIAL SECURITY NUMBER: _____

3. OTHER NAME(S) KNOWN BY (i.e. maiden name): _____

4. EMAIL ADDRESS: _____
(Email is the Board's primary method of communication)

5. DATE OF BIRTH: _____

6. GENDER: Female Male

7. MAILING ADDRESS: _____
City _____ State _____ Zip Code _____

8. TELEPHONE Home: _____ Mobile: _____

9. YOUR ETHNICITY:
- | | |
|----------------------------------|------------------------------------|
| American Indian or Alaska Native | Hawaiian or Other Pacific Islander |
| Asian | Other |
| Black/African American | Prefer Not to Answer |
| Hispanic/Latino Native | White/Caucasian |

10. APRN EDUCATION FOR ADDED CERTIFICATION(S)

Name of college/university attended: _____

City: _____ State: _____ Type of degree: _____

Date of completion (MM/YYYY): _____

11. NATIONAL CERTIFICATION INFORMATION FOR ADDED CERTIFICATION(S):

AANP-CP PNCB AACN AMCB NBCRNA NCC ANCC

DECLARATION

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 Nursing. 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.

Legal signature of applicant _____ Date _____