

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 MEDICATION AIDE II LICENSURE
(Medication Aide II licensure may ONLY be used in Long Term Care Facilities)

☐ **FEES**

- Application fee is \$25.00.
- 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.

☐ **LICENSURE REQUIREMENTS** (see ARM [24.159.901](#) and [24.159.910](#))

- Successfully passed a Medication Aide II training course that follows the board specified Medication Aide II training curriculum or hold an unencumbered Medication Aide II certification or license in another state.
- It is the applicant's responsibility to ensure that official course completion certificate is sent directly from the Medication Aide II course location to the Montana Board of Nursing. Electronic certificates may be sent by your educational institution to dlibsdhelp@mt.gov.
- The applicant must hold a valid Certified Nursing Assistant (CNA) certificate issued by the Department of Health and Human Services (DPHHS).
- Provide proof that the applicant has been employed as a CNA in a long-term care facility for a minimum of 4000 hours.
- Provide proof that the applicant holds a current CPR certificate.
- It is critical to your licensure to not withhold any information regarding each question on the application.

☐ **EXAMINATION INFORMATION**

- Applicants must register with D&S Diversified Technologies - Headmaster at <http://www.hdmaster.com/>
- Successfully pass the Medication Aide II exam with a score of at least 80%.

☐ **VERIFICATION OF LICENSURE (Proof of licensure from other states, if applicable)**

- The applicant is responsible for requesting official verification from their original state of nursing licensure and ALL professional licenses held, regardless of status.
 - Common professional licenses or certifications include CNA or EMT; expired or active, used or unused – if you have held one of these or a similar professional certification or license in another state, you will need to request verification be sent from that state agency to the Montana Board of Nursing.
 - You may find the OUT OF STATE Request for Verification form available on the Board website under the Forms tab helpful for this task.
- Photocopies of licenses do not qualify as official verification and should not be included with your application.

☐ **RENEWAL**

- All licenses expire on March 31 each year.
- 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.
- Must complete 12 contact hours of continuing education each annual license renewal period. The continuing education must be in pharmacology and medication administration. (See ARM [24.159.912](#) for more information).

☐ **FINGERPRINT/BACKGROUND CHECK PROCESS**

- Applicants shall submit fingerprints to Montana Department of Justice following the instructions on p. 11-13 of this application packet.
- Instructions can also be found on the Board website (nurse.mt.gov) under Forms.

☐ **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**

- The applicant will be notified of any deficiencies in their application.
- The licensure status can be viewed at [Licensee Lookup](#).
- 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.

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.

**MEDICATION AIDE II'S ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER
WITHOUT AN ACTIVE MONTANA LICENSE.**

APPLICATION FOLLOWS

MONTANA BOARD OF NURSING
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EMAIL: nurse@mt.gov WEBSITE: nurse.mt.gov
ONLINE APPLICATION PORTAL: ebiz.mt.gov/pol

Application for Licensure as: **Medication Aide II - \$25.00**

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. Do you have a valid CNA certification? Yes No
What is the certification number? _____ Expiration date? _____
11. Have you been employed as a CNA in a long-term care facility for a minimum of 4,000 hours? Yes No
12. Do you have a current CPR certification? Yes No

13. PROFESSIONAL EDUCATION:

Name of Medication Aide II program attended: _____

Location of program: _____
City State Zip Code

Date of completion of the Medication Aide I program (MM/DD/YYYY): _____

14. LICENSE VERIFICATION DOCUMENTS FROM OTHER STATES

Indicate below all professional licenses you hold or have ever held in another state/province/territory. Failure to list any past licenses constitutes a falsification of your application and will result in a declined status of your application and/or disciplinary action.

State	Other Jurisdiction	License Type	License Number	Verification Requested	
				Yes	No
				Yes	No
				Yes	No

15. **NONCRIMINAL JUSTICE APPLICANT'S RIGHTS FORM**

I acknowledge that I have received a copy of the Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement (pages 9-10) of this document) and that I consent to provide and use my fingerprints for the stated purpose.

Yes No

PERSONAL HISTORY QUESTIONS

- *Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See [37-1-105](#), MCA.*
- *You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.*
- *Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.*

16.	Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
17.	Have you ever surrendered a credential like those listed in number 16, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
18.	Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes	No
19.	Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?	Yes	No
20.	Have you ever withdrawn an application for any professional license?	Yes	No
21.	As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?	Yes	No
22.	Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)	Yes	No

Note on Questions 23 and 24: *Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 22 or 23 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program.*

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

23.	Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No
24.	Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No

The following information is provided for Question 25 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

25.	Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction?	Yes	No
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26.	Are you now subject to criminal prosecution or pending criminal charges?	Yes	No
27.	Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	Yes	No
28.	Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes	No
29.	Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	Yes	No
30.	Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid?	Yes	No
31.	Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?	Yes	No
32.	Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?	Yes	No
33.	Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?	Yes	No

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 _____

CITIZENSHIP, ALIEN, AND IMMIGRATION STATUS

ATTESTATION

Page 1 of 1



Montana Department of
LABOR & INDUSTRY
Business Standards Division

SOCIAL SECURITY NUMBER

Applicants for professional licenses must provide a U.S. Social Security Number (SSN), if they have one, to facilitate child support enforcement, see, 42 USC § 666(a)(13) and § 37-1-307, Mont. Code Ann. The Division is also required to use an SSN to report certain license types to the National Health Care Databank, see, 42 USC § 1320a – 7e and 45 CFR § 60.15. An SSN is not required to receive or renew a license. An applicant for initial application who does not have an SSN must complete the following:

ATTESTATION

I, _____ am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

I have not been assigned a Social Security Number and am not required to have a Social Security Number. If assigned an SSN after the date of this affidavit, I will immediately report it to the Department of Labor & Industry or its successor administrator.

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

Signature

Date

Applicant Address of Record

City

State/Province

Country

Postal Code



Montana Department of LABOR & INDUSTRY

APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Business Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

“Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.” *Eff. 03/30/2018*

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant
Signature: _____ Date: _____

Applicant
Name: _____

Please Print Legibly

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.



INSTRUCTIONS TO OBTAIN FINGERPRINT BACKGROUND CHECK

Carefully read and follow the steps in the order specified below:

1. **Submit a license application to the BSD online or by paper and an application fee. The application includes an *Applicant Rights & Consent to Fingerprint Notice*.** This form authorizes our agency to receive and review your fingerprint background check results. **Any fingerprint background check results received without your acknowledgement of receipt of an *Applicant Rights & Consent Notice* (acknowledged received if online or signed and returned to us if on paper) may be discarded.**
2. You may continue to work on completing your application while the results are processed (e.g., forwarding transcripts or verifications) but if you have not completed your application within six months after our receipt of the results, you will be required to resubmit your fingerprints to obtain a current background check results.
3. You have two options to have your fingerprints captured:
4. **Option 1** – Participating Local Law Enforcement Agency (estimated time to send results to the Board or Program **4 to 8 weeks**). Contact the Law Enforcement Agency in advance to ask if it performs non-criminal fingerprinting and if so, the need for an appointment, forms of acceptable identification, hours of operation, cost, and methods of payment. Find out if the agency will supply the appropriate Fingerprint Card (Form FD258 rev. 5-15-17) or if you need to obtain the card from MDOJ prior to arriving.

- OR -

Option 2 – Montana Department of Justice (MDOJ), Division of Criminal Investigations-Criminal Records (estimated time to send results to the Board or Program **3 to 5 business days**). Before traveling to Helena, you must first schedule an appointment online at <https://dojmt.gov> and click on the link for fingerprint appointments where you will be directed to log in or create an account. Please direct questions to the MDOJ contact information as follows:

2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620
Email: dojcriss@mt.gov (406) 444-3625

5. You *may* be charged a fee to capture each set of your fingerprints. This fee is in addition to the processing fee paid to MDOJ to run the background check.
6. Provide the technician with a government-issued, photograph identification to prove your identity.

7. **IMPORTANT:** Provide the technician a copy of a Fingerprint Card Example for the license type you are applying for that contains information ***unique to your license type***. The fingerprint card must have all fields correctly filled out to be accepted by the MDOJ.
8. Request the technician to capture your fingerprints TWICE and create TWO fingerprint cards to help avoid unnecessary delay due to rejection of poor quality prints. This is especially important if your fingerprints are ink-rolled.
9. If using a Local Law Enforcement Agency, you must mail the completed Fingerprint Card in a manila envelope with the correct amount of postage and a check or money order made payable to the “Montana Department of Justice” in the amount of **\$30.00** to:

Montana Criminal Records
2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620

Please do **NOT** fold or staple the fingerprint card. Please do **NOT** upload the fingerprint card to your online account with the Department of Labor & Industry, Business Standards Division.

10. You will be notified to take corrective action if your fingerprint card is rejected as “unreadable,” is not accompanied by proper payment, or is incomplete. A second rejection of a fingerprint card as “unreadable” will require BSD to conduct a name-based search, resulting in additional processing time.
11. Once a fingerprint card or name-based search is processed, the resulting criminal history (aka “Identity History Summary”) result will be sent directly to the Board in care of the Business Standards Division. If there is a conviction or convictions that require Board review, we will notify you.
12. Notice of your privacy rights and procedures for obtaining a change, correction, or updating of an Identity History Summary are provided to you separately in the *Applicant Rights & Consent to Fingerprint Notice*.

End of Instructions

Fingerprint Card Example

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME <u>JOHN</u> MIDDLE NAME <u>DAVID</u>				LEAVE BLANK											
SIGNATURE OF PERSON FINGERPRINTED: Applicant Signature		ALIASES <u>AJA</u> Applicant Aliases		O R I G I N A L I D E N T I F I C A T I O N N U M B E R <u>MT920089Z</u>															
RESIDENCE OF PERSON FINGERPRINTED: Applicant Address		CITIZENSHIP <u>CTZ</u> Applicant Citizenship		EDU <u>EDU</u> RACE <u>RACE</u> REL <u>REL</u> EYE <u>EYE</u> HAIR <u>HAIR</u>		DATE OF BIRTH <u>DOB</u> Month Day Year Applicant DOB		PLACE OF BIRTH <u>POB</u> Applicant POB											
DATE <u>DATE</u>	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS Date Technician Signature			YOUR NO. <u>OCA</u> Applicant Identifying Information		LEAVE BLANK													
EMPLOYER AND ADDRESS DLI-BSD Board of Nursing PO Box 200513, Helena, MT 59620-0513		FBI NO. <u>FBI</u> N/A		ARMED FORCES NO. <u>AFNO</u> N/A		CLASS _____													
REASON FINGERPRINTED: MTCA 37-8-434 - Licensure		SOCIAL SECURITY NO. <u>SSN</u> Applicant SSN		MISCELLANEOUS NO. <u>MIS</u> N/A		REF. _____													
Example																			
										L. THUMB		R. THUMB		L. INDEX		R. INDEX			
										L. MIDDLE		R. MIDDLE		L. RING		R. RING			
										L. RING		R. RING		L. PINKY		R. PINKY			
LEFT FOUR FINGERS TAKEN SEPARATELY										RIGHT FOUR FINGERS TAKEN SEPARATELY									

Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays, ask the requestor of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.