

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

**INSTRUCTIONS FOR ADDING PRESCRIPTIVE AUTHORITY TO AN EXISTING APRN LICENSE**

**FEES**

- Application fee is \$100.00
- 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.

**PRESCRIPTIVE AUTHORITY ENDORSEMENT REQUIREMENTS** (see ARM [24.159.1463](#))

- **INITIAL ENDORSEMENT:**
  - If you have graduated from an accredited program in the last 5 years, submit:
    - Evidence of successful completion of a graduate level course of three semester credits in advanced pharmacology that includes instruction in pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.
    - Evidence of successful completion of a graduate level course that includes differential diagnosis/disease management.
    - Evidence of supervised clinical practice that integrates pharmacologic intervention with patient management.
  - If you have graduated from an accredited program more than 5 years ago, must complete: either a graduate level course of three semester credits or 45 contact hours of continuing education (during the last 5 years) that includes instruction in pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.
- **ENDORSEMENT BY CREDENTIALING** (if you hold prescriptive authority in another state)  
Applicant is responsible for including evidence of a current unencumbered APRN license with prescriptive authority in another board jurisdiction (use license verification form under Forms tab on Board website or [NURSUS](#) if jurisdiction participates).

**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](http://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](http://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](http://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](http://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**



10. EDUCATION IN PHARMACOLOGY – submit transcript, continuing education and/or license verification according to requirements described on p. 1 of this document.

### **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 \_\_\_\_\_