

Board of Nursing  
301 South Park  
PO Box 200513  
Helena MT 59620-0513  
(406) 444-6880

RN - \$100.00

## RN/LPN RENEWAL APPLICATION

LPN - \$100.00

Check here if any information is new.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(If, other than the United States)

**NURSE LICENSURE COMPACT DECLARATION:** A primary state of residence is where you hold a Driver's License, pay taxes, or vote.

Is Montana your Primary State of Residence? Yes No

Do you hold multistate privilege in another Compact state? Yes No

**Your Montana Nursing license will expire on December 31 every two years.**

**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) Choose a license status by checking the appropriate box above and submitting a check or money order in the amount of \$100.00 for RN or LPN licensure 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.
- 4) Sign and date the renewal form.
- 5) Renewals with a U.S. Postal Service postmark after December 31st will be assessed a late renewal fee of \$100 for Active Status. **The late fee is non-refundable and non-waivable.**

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**