Board of Pharmacy
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 444-6880
dlibsdhelp@mt.gov

RENEWAL APPLICATION License No.: _____

☐ **Check For New Address. Indicate any changes below.** E-Mail: _____

Name					
Address					
City		State		Zip Code	
Country		Telephone #			

Your **Montana Dangerous Drug Researcher** license will expire on June 30.

Please check the following license you wish to renew:

☐ **Dangerous Drug Researcher** - Fee of $100.00 (if postmarked after June 30, $200.00)

TO RENEW ONLINE GO TO: https://ebiz.mt.gov/pol OR:

1) Complete the renewal application.
2) Answer the disciplinary question at the bottom of the form.
3) Submit a check or money order payable to the Board of Pharmacy. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
4) Renewals with a U. S. Postal Service postmark after June 30 will be assessed a penalty per the above schedule. NO EXCEPTIONS!
5) Sign the completed renewal application.
6) Return the completed renewal application and fee to the Board office postmarked by June 30.
7) A renewal returned to a licensee for any reason must be re-postmarked by June 30 to avoid paying the late fee.
8) Incomplete or unsigned renewal application will not be processed and will be returned.

LEGAL/DISCIPLINARY QUESTION:

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:** _____