

Board of Chiropractors
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880
E-mail: UnitA@mt.gov

RENEWAL APPLICATION

Check here if any information is new

Name:

License No:

Address:

City

State

Zip Code

Country:

E-mail Address:

Active \$200.00

Inactive \$100.00

Impairment Evaluator \$25.00

Your Montana Chiropractor license and / Impairment Evaluator Permit will expire on September 1.

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol/> Online transaction must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, MST will result in the addition of a late fee.)

OR:

- 1) Complete all the information on the renewal application.
- 2) Read the continuing education attest statement below and check the appropriate box.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order in the amount indicated above, made payable to the Board of Chiropractors.
Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. postal service postmark after September 1st will be assessed a penalty fee by state law of 100% of the renewal fee. **NO EXCEPTIONS!**
- 6) Incomplete or unsigned renewal applications will not be processed and **WILL BE RETURNED.**

Mark here if you hold an Impairment Evaluator Permit. The additional fee indicated above will be required to renew the permit. The continuing education statement below also applies to the Impairment Evaluator additional education requirements.

CONTINUING EDUCATION:

Pursuant of [24.126.2103](#) **CONTINUING EDUCATION REQUIREMENTS** (1) Beginning with the 2012 renewal, every licensee shall affirm that they have completed a minimum of 13 hours of board-approved continuing education during each renewal period as defined in ARM 24.101.413. All active licensees shall affirm on all subsequent renewal applications that they have attended and successfully completed a minimum of 13 hours of board-approved continuing education in the period preceding the application for renewal.

(a) Of the 13 hours, no more than two hours can be in the subject area of philosophy and/or practice management. In addition, the board will require each licensee to demonstrate successful completion of a professional boundary and ethics continuing education course.

(b) Of the 13 hours, one hour must be obtained in professional boundaries or ethics. The board will only grant credit for a maximum of one hour in professional boundaries or ethics.

(2) New licensees to Montana have from the date of their original licensure in Montana until the end of their first full renewal period to complete their first 13 hours of continuing education, and shall affirm on their second renewal application that they have attended and successfully completed a minimum of 13 hours of board-approved continuing education during that period.

And,
[24.126.910](#) **IMPAIRMENT EVALUATOR CONTINUING EDUCATION RENEWAL - DENIAL - REVOCATION** (1) A minimum of four hours of specialized continuing education relevant to impairment evaluation shall be taken every four years.

(a) These hours shall be in addition to the continuing education requirement required for a renewed chiropractic license.

(b) A random audit of impairment evaluator certificate holders shall be conducted every four years to verify compliance of the continuing education requirement.

Yes No I certify that I am compliance with the continuing education requirements as stated above pursuant to board rule, or that I am exempt from the continuing education requirements

Yes No 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? 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.

Your signature: _____

Date: