

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

# PARAMEDIC RENEWAL FORM

**NAME** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Is this a new address? YES**  **NO**

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**RENEWAL FEE: \$100** Please note: A late fee of an additional \$100, for a total of \$200, is due if postmarked after March 31 of your license's expiration year.

## **CONTINUING EDUCATION:**

Both questions need to be answered. In order to renew your license at least one question must be answered "YES"

YES  NO I have my current certification from the National Registry of Emergency Medical Technicians at the Paramedic level.

YES  NO I have complied with the Board's continuing education requirements as identified in 24.156.2718.

## **ADDITIONAL QUESTION:**

Pursuant to A.R.M 24.156.2717(4) ALS licensees must identify the medical director(s) who provided oversight to the ECP. List all medical directors providing oversight for you:

## **RENEWAL DISCIPLINARY STATEMENT:**

**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. Montana Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.
- NO

**Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your ability to perform as a Paramedic?**

- YES
- NO

**Have you during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or Montana Professional Assistance Program?**

- YES
- NO

LICENSEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_