

**MONTANA BOARD OF MEDICAL EXAMINERS
(301 South Park Avenue 4th Floor – Delivery Only)
PO Box 200513**

Helena, MT 59620-0513

PHONE: 406-444-5773 FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov WEBSITE: www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 10 days for processing from the date that the Board has a complete routine application)

LICENSING REQUIREMENTS FOR LICENSED NUTRITIONIST:

- Must be currently registered as a Registered Dietitian with the Commission on Dietetic Registration (CDR).

FEES:

- **\$100.00 – Nutritionist Application Fee**

Make payable to "Montana Board of Medical Examiners."

DOCUMENTS REQUIRED FOR AN APPLICATION TO BE COMPLETE:

- **Current Copy of CDR Card**
- **National Practitioner Data Bank (NPDB) self-query:** This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them unopened to the Board office. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb.hrsa.gov on the Internet.
- **State Licensing Verification form:** This form must be sent to all state boards in which you hold or ever held a professional license. The completed verification must be returned directly to the Montana State Board of Medical Examiners.

APPLICATION PROCEDURES:

- A verification of licensure or letter of good standing must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states charge a fee for verification. Contact each board prior to sending the request.
- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take 60 days or more to process.

PROCESSING PROCEDURES:

- An application file must be complete before consideration of licensure. The applicant will be notified in writing of any items missing from the application file.
- An application takes 10 days to process from the time it is complete.

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 444-5773 or at dlibsmed@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR NUTRITIONISTS ON OUR WEBSITE: www.medicalboard.mt.gov

11. Have you ever previously applied for a license to practice in Montana? If yes, give date and results. Yes No
12. Have you ever been denied licensure or the opportunity to take a professional licensing examination in any state or country? If yes, attach a detailed explanation. Yes No
13. Have you ever withdrawn an application for a nutritionist license? If yes, please give the state and reason for withdrawal. Yes No
14. **PRACTICE HISTORY:** List all activities after professional school in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.

| FACILITY NAME | FACILITY ADDRESS | DATES EMPLOYED |
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15. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
18. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

19. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
20. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
21. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach detailed explanation and provide supporting documentation from the source. Yes No
22. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
23. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
24. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
25. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
26. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No
27. Have any civil legal proceedings been filed against you by a (patient client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

AFFIDAVIT

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 Department of Labor and Industry, Healthcare Licensing Bureau.

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

Dated

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A NUTRITIONIST. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as a Nutritionist in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS

State of: _____

Full Name of Licensee: _____ License No.: _____

Issue Date: _____ License is current? Yes No

If not current, explain: _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? If yes, please explain and attach documentation: _____

Has licensee ever been requested to appear before your Board? Yes No

If YES, explain: _____

Derogatory information, if any: _____

Comments, if any _____

Signed: _____

BOARD SEAL

Title: _____

State Board: _____ Date: _____