

**PHYSICIAN ASSISTANT - ACTIVE
RENEWAL APPLICATION**

License No _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ **Check If A New Address**

Work Phone _____ Home Phone _____ DEA No. _____

Renewal Fee: \$300

Please Note: A late fee of an additional \$300, for a total of \$600, is due if the completed renewal application (including fee) has a U.S. Postal Service postmark after October 31 of your license's expiration year. **NO WAIVER OF PENALTY FEE!**

MPDR FEE STATEMENT: \$60 for two years

All Montana licensees who are authorized to prescribe or dispense controlled substances in Schedules II-V are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37--7-1511(1), effective July 1, 2015, as amended by the Montana Legislature. The MPDR Fee is collected as a separate fee at the time of initial license application or as a part of license renewal. The fee is \$60 for licensees who have a two year renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program.

Licensees are not required to pay this fee if they are not authorized to prescribe or dispense controlled substances in Schedules II-V. If the fee does not apply to you, then check the attestation statement. **I attest that the MPDR Fee does not apply to me.**

If you wish to change your license status to Inactive, you must contact the Board office first. Changing to Inactive can have a significant impact on your ability to return to Active practice.

Your Montana Physician Assistant license will expire on October 31. A licensee has 45 days to renew his/her license after the October 31 deadline by paying the renewal fee and the late fee. Anyone renewing 46 days or more after the October deadline may have a complaint file opened and the possibility of unlicensed practice may be addressed by the Board through their disciplinary process. In order to avoid being referred to the disciplinary process, licensees who do not wish to practice may request before the 45th day that their license be listed as expired.

In order to renew your Physician Assistant license:

- 1) Complete the renewal application, including answers to all of the disciplinary questions below and on the next page of this Renewal Application. Be certain to sign where indicated.
- 2) Submit a check or money order for the appropriate amount as indicated above. Make payable to the Board of Medical Examiners. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- 3) Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the board office completed and postmarked by October 31.
- 4) If you wish to activate an inactive license, please contact the Board office at (406) 841-2360.
- 5) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.

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

Your signature: _____ Date: _____

More required questions on next page.

Do Report:

1. A criminal action arising out of your medical practice. Attach a copy of the "Indictment," "Information," or other initiating documents.
2. A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the "Judgment," "Verdict," "Order," or "Final Order."
3. A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the "Final Order" or other concluding document.
4. Medicaid/Medicare sanctions taken against you by the DPHHS. Attach a copy of the pertinent document(s).

Do Not Report:

1. A claim filed with your insurance carrier.
2. A claim or proceeding before the Medical-Legal Panel.

***** YOU MUST ANSWER ALL QUESTIONS BELOW BY CHECKING EITHER YES OR NO ***
IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE SUBMIT YOUR DETAILED
WRITTEN EXPLANATION TO THE BOARD OFFICE.**

- Yes 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 medical practice?
- 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 the Montana Professional Assistance Program)?
- Yes No Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?
- Yes No Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied any prescribing privileges?
- Yes No Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?