PODIATRIST RENEWAL APPLICATION

NAME _____ LIC. #: _____

ADDRESS:_____

CITY :_____ STATE: _____ ZIP: _____

PHONE:_____ E-MAIL:_____

PODIATRIST RENEWAL FEE: $500.00

Please Note: A late fee of an additional $500, for a total of $1,000, 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.

MPDR FEE STATEMENT

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.**

Please submit this page with check/money order for the above fee(s) by October 31 of your license's expiration year. Do not send cash. Incomplete applications will be returned.

*****IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE SUBMIT YOUR*****
DETAILED WRITTEN EXPLANATION TO THE BOARD OFFICE

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. 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 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 Assisstance Program)?

Yes

No

Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hopsital or society?

Yes

No

Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied 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 national certification?

Yes

No

_____ _____

Signature Date

MONTANA BOARD OF MEDICAL EXAMINERS
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