

Check here if any information is new.

Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Email: _____
(If, other than the United States)

To practice as an APRN or represent yourself as an APRN in Montana, you must hold an active Montana APRN license and an RN license in either Montana or another Compact state with a multistate privilege to practice.

RN (If applicable, MT RN License # _____)-\$100.00	NURSE ANESTHETIST-\$50.00
NURSE PRACTITIONER-\$50.00	NURSE MIDWIFE-\$50.00
CLINICAL NURSE SPECIALIST-\$50.00	PRESCRIPTIVE AUTHORITY-\$75.00

Your Montana Nursing license will expire on December 31 every even-numbered year. This is a two-year renewal period.

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

OR

- 1) Complete this renewal application.
- 2) Answer the legal/disciplinary question at the bottom of the form (include DUI's, and any other criminal charges).
- 3) Answer the Continuing Education Attestation Statements.
- 4) Choose a license status by checking the appropriate box above and submitting a check or money order made payable to the **Montana Board of Nursing**. If your check is returned, your license will become invalid, and you will be charged an additional administrative fee of \$30.00. Practicing nursing with an invalid license is a violation of the Nurse Practice Act. **Do not send cash.** Canadian and Foreign Residents pay in U.S. funds only.
- 5) Sign and date the renewal form.
- 6) Renewals with a U.S. Postal Service postmark after December 31st will be assessed a late renewal fee at double the rate of your license renewal fee. **The late fee is non-refundable and non-waivable.**

CONTINUING EDUCATION ATTEST STATEMENTS: (CE requirements are on the Board website www.nurse.mt.gov, click on the "Regulations" tab, and select "Administrative Rules". Please reference rules 24.159.1468, 24.159.1469 and Subchapter 21 - Renewals and Continuing Education".)

I am aware of the continuing education requirements pertaining to my APRN licensure and hold myself responsible for fulfilling these requirements. I will submit "proof of attendance" when audited or upon request by the Board.

I hereby declare under penalty of perjury the information included in my renewal application to be true and complete to the best of my knowledge. In signing this renewal application, I am aware that a false statement may lead to disciplinary action against my license. The Board may audit my records to verify my compliance with the rules and regulations governing this license. I have read and am familiar with the laws and rules of the State of Montana relating to nursing and agree to comply with them.

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. 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.

No

Your signature: _____ Date: _____

DO NOT SEND CASH