Montana Board of Medical Examiners
P.O. Box 200513 (301 S. Park, 4th Floor - Delivery)
Helena, Montana 59620-0513
(406) 841-2361 or (406) 841-2364 FAX (406) 841-2305
EMAIL: dlibsdmed@mt.gov **WEBSITE:** www.medicalboard.mt.gov

VERIFICATION OF LICENSURE

Applicant Instructions: Complete Section 1 of this form and send this form to each state board in which you are now or have ever been licensed to practice as a physician. You may copy this form as many times as needed. Some boards require a fee for this service. Request the state board complete Section 2 of this form and return the form directly to this Board.

STATE BOARD: _____

Section 1: Applicant Information

I am applying for a license to practice medicine in the State of Montana and the Board of Medical Examiners requires this form to be completed by each state wherein I hold or have ever 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, PO BOX 200513, HELENA, MT 59620-0513.** Your early response is appreciated.

_____ (Signature)

_____ Name (Please Print)

Address _____

My License Number is _____

Section 2: To be completed by State Licensing Board or Canadian Province

Name of Licensee: _____
Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date _____

Is this license current? ☐ Yes ☐ No If no, please explain: _____

1. Have formal disciplinary proceedings been initiated against the applicant's license by a disciplinary authority in your state? ☐ Yes ☐ No ☐ Cannot answer under state law

   If yes, please explain and attach documentation: _____

2. Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended or, in any other manner, limited by a licensing or disciplinary authority in your state?
   If yes, please explain and attach documentation: _____ ☐ Cannot answer under state law

3. Has licensee ever been requested to appear before your Board?
   If yes, explain:

   _____

Other comments: _____

AFFIX BOARD SEAL HERE

Board Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____