



## REGISTRATION OF OUT-OF-STATE LICENSEES FOR COVID-19 RESPONSE

Dear Employer,

The Department of Labor and Industry Business Standards Division (BSD) has implemented an interstate licensure recognition registration process to allow expedited registration of professionals who hold an **active, unrestricted license in another state** to begin working in Montana.

Please visit the appropriate board website (<http://boards.bsd.dli.mt.gov/>) or the BSD homepage (<http://bsd.dli.mt.gov/>) to locate the correct registration form for the professional you are looking to hire to assist with your response to the current Coronavirus Disease 2019 (COVID-19) state of emergency. You can see a sample at right.

This registration will only enable the out of state licensee to work in Montana when they have registered appropriately with BSD and have been granted a registration that has been issued and is available to look up at <https://ebiz.mt.gov/pol/> → Licensee Information → [Licensee Lookup](#). This registration will only be valid during the period of time the Governor has declared a state of emergency related to COVID-19. While a future date *may* show in Licensee Lookup, it should be understood to only be valid when a state of emergency is in effect if next to name it says "Covid-19 Reg".

A valid registration will demonstrate a REG number and not an LIC number – see sample below.

Montana Department of LABOR & INDUSTRY

**Interstate Licensure Recognition Registration Application Form**

**Important Note:** This registration is to provide the information necessary for the State of Montana, Professional Licensing Bureau to determine your eligibility to practice in Montana during this declared state of emergency. Title 10, ch. 3, Mont. Code Ann. The result, if affirmed, will be a temporary registration valid only for a defined period of time and will be subject to you practicing within the scope and standards of practice set forth in licensing provisions, practice acts, or other laws or policies of Montana. *Only persons who possess an active, unrestricted license in another state may be eligible for this temporary registration.*

**Registration Information**

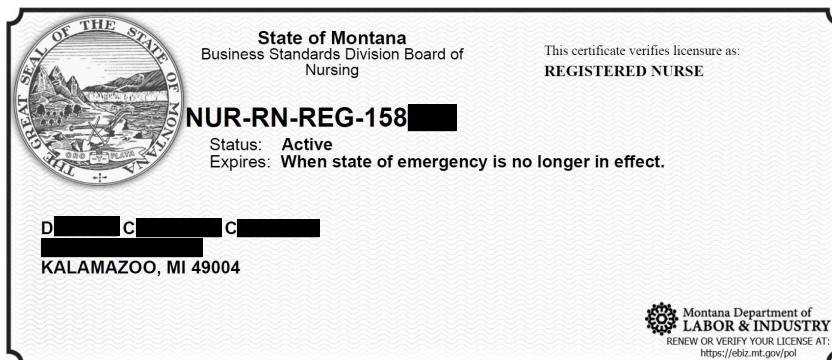
Last Name First Name Middle Name  
Home Address  
City State Zip Code  
Social Security Number Your Cell Phone Number Email (Must Be An Active Email Address)

**Professional Licenses: List all licenses you hold or ever have held**

State	License #	Process	Issue Date	Expiration Date

**Montana Healthcare Facility Information if Applicable**

Name of Montana Healthcare Facility Where You Will Be Working  
Address of Montana Healthcare Facility  
City State Zip Code  
Phone Number of Montana Healthcare Facility  
Name and Title of Person You Will Be Reporting to at the Montana Healthcare Facility  
Estimated Timeframe You Will Be Working for the Montana Healthcare Facility



**License Information**

**Licensing Board/Program:** Board of Nursing

**License Type:** Registered Nurse License

**License Number:** NUR-RN-REG-158

**License Status:** Active

**License Expiration Date:** 12/31/2021 ←

**License Issued Date:** 03/23/2020

**License Holder**

**Business Name:**

**Name:** D [REDACTED] C [REDACTED] Covid-19 Reg

**City, State Zip:** KALAMAZOO, MI 49004

Please contact the Department of Labor and Industry Business Standards Division Customer Service team at 406-444-6880 or [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov) with any questions.