

MONTANA BOARD OF MASSAGE THERAPY

PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, Montana 59620-0513
(406) 841-6880

EMAIL: dlibsdlmt@mt.gov

WEBSITE: www.massagetherapists.mt.gov

REQUEST TO CONVERT AN ACTIVE LICENSE TO AN INACTIVE STATUS

NAME: _____ MONTANA LICENSE NUMBER: _____

A licensee who wishes to retain a license, but who will not be practicing massage therapy, may place the license on inactive status by submitting this form as prescribed by the department.

An individual licensed on inactive status may not practice massage therapy during the period in which the license remains on inactive status.

A licensee on inactive status shall:

1. Renew along with active licensees according to renewal dates specified in ARM 24.101.413;
2. Pay the annual inactive status fee (\$45 which is not required at this time) specified in ARM24.155.401; and
3. Be exempt from continuing education requirements.

Signature: _____

Date: _____