Updated 04/14/2023

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE PO BOX 200513 301 S PARK, 4TH FLOOR

Helena, Montana 59620-0513

PHONE 406-444-6880 FAX 406-841-2305 E-MAIL: dlibsdhelp@mt.gov WEBSITE: www.ot.mt.gov

REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE LICENSE

Name:	Name:License#:		
Address:			
City:		State:	Zip Code:
Email Address:			Phone#:
	I rule <u>24.165.604</u> , an inactive request must be accompar		may convert to active status upon
□ Payir	ng the \$60 fee.		
The licen	see must demonstrate one	of the following:	
	Full-time practice of occupational therapy in another state and completion of continuing education for each year of inactive status that is substantially equivalent to Montana's, or		
	Completion of a minimum of six hours of continuing education within the six months prior to converting to active status if the licensee has not practiced occupational therapy for more than two years; or		
	Repassage of the National Board of Certification in Occupational Therapy examination.		
Signature of Li	censee		Date