

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS

P.O. Box 200513
301 South Park, 4th Floor [Delivery]
Helena, Montana 59620-0513
406-444-6880

E-MAIL: dlibsdhhelp@mt.gov WEBSITE: www.slpaud.mt.gov

REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS

A Speech-Language Pathologist and/or Audiologist whose license is currently inactive can request to reactivate that license by submitting this request form to the Board of Speech-Language Pathologists and Audiologists per [24.22.415](#).

1. NAME

Last *First* *Middle*

2. MAILING ADDRESS

Street or PO Box *City, State* *Zip*

3. E-MAIL ADDRESS

4. TELEPHONE

5. LICENSE TYPE SLP AUD DUAL (SLP and AUD)

6. MT LICENSE NUMBER _____

7. I have not been out of active practice from more than five years.

I have been out of active practice from more than five years.

Note: If you have been out of active practice for more than five years staff may be in contact with you for further information as part of their review to determine if you meet qualifications to convert your license to active status.

8. Have any legal or disciplinary actions been instituted against you since your last renewal?

No

Yes

If yes, please attach copies of the document that initiated each action and all final orders. [37-1-105, MCA](#), requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Enclosed:

Proof of five hours of board-compliant continuing education for each year or portion of a year applicant has been inactive.

For example, if you have been inactive for two years, you need 10 CE.

License verification(s) from all jurisdictions where applicant is licensed or has held a license during the inactive status period (contact the individual states for verification).

Signature

Date