

**MONTANA BOARD OF BEHAVIORAL HEALTH**  
**PO BOX 200513 (301 S. Park Ave, 4<sup>th</sup> Floor)**  
**Helena, MT 59620-0513**  
**Licensing Phone Number: 406-444-5773**  
**E-Mail: [dlibsdbbh@mt.gov](mailto:dlibsdbbh@mt.gov) Website: [www.bbh.mt.gov](http://www.bbh.mt.gov)**

**CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST**

**LEGAL, HEALTH, and ADDICTION DEPENDENCY HISTORY GUIDELINE**

It is the Board's duty to protect the public and ensure, to the best of their ability, public safety. Responses to application questions related to a legal, health, or addiction issues may have an impact on practice and the safety and welfare of the public. When such responses occur a designation of non-routine application is used and steps occurs in processing the application. To effectively and efficiently processing your application we ask the following:

If you answer "yes" to any question from #12 - # 29 please respond to items 1-2 below. All items may not apply to your application but for the ones that do, please provide a thorough response. Providing the requested material with your initial application ensures prompt processing of the application. If any of the items do not apply to your situation, please indicate so in your written response. Please be as thorough as possible in responding and if you have any questions, please don't hesitate to call or write the Board office.

"From the source" means documents are sent to the Board office directly from the court, probation or parole, or service delivery agencies such as a mental health or addiction treatment facilitates of practicing professionals. All requests for documents in the categories below must be received "from the source."

**Legal History, current and past issues, questions 12-18**

1. Documentation of all criminal charges via court records i.e., charging documents, plea agreements, judgements, sentencing, and probation/parole reports. Supporting documents must be provided from the source.
2. *A detailed account in your own words*, of the circumstances surrounding all legal charges against you.

**Physical or Mental Health Disorder in the past 5 years, question # 21**

Within the past 5 years, have you any physical or mental health condition(s), other than as answered in question 19, which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving risk to the public? If yes, attach a detailed explanation.

1. Provide documentation of all medical and mental health services including evaluations, diagnosis, treatment recommendations, discharge summary and prognosis, and/or monitoring. Supporting documents must be provided from the source.
2. *A detailed account in your own words*, of your participation in all health, mental health, and addiction treatment episodes.

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program?

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1. Provide documentation of all addictive disorders treatment services including evaluations, diagnosis, treatment recommendations, discharge summary and prognosis, and/or monitoring. Supporting documents must be provided from the source.
2. A *detailed account in your own words*, of your participation in all mental health and addiction treatment episodes. Again, the what, when, where, how and the circumstances of your life at the time of the physical or mental health issues at the time.