

MONTANA BOARD OF BEHAVIORAL HEALTH

P.O. Box 200513
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Helena, Montana 59620-0513
406-444-6880

E-MAIL: dlibsdhelp@mt.gov WEBSITE: www.bbh.mt.gov

**REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS
CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)**

A certified behavioral health peer support specialist whose license is currently inactive can request to reactivate that license by submitting this request form and paying the appropriate fee per.

1. NAME

Last	First	Middle
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2. MAILING ADDRESS

Street or PO Box	City, State	Zip
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3. E-MAIL ADDRESS

4. TELEPHONE

5. LICENSE NUMBER _____

6. I have been on inactive status for less than five years.

I have been on inactive status for more than five years.

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

No

Yes

If yes, 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.

Required Documents and Fee for CBHPSS License Reactivation

\$55 – CBHPSS reactivation to active status

Proof of ten hours of continuing education for each year or portion of a year that licensee has been inactive per [ARM 24.219.921\(3\)\(a\)](#)

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