Board of Behavioral Health
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

RENEWAL APPLICATION

☐ Check For New Address and/or e-mail. Indicate any changes below.

License No.

Name

Address

City State Zip

Country

E-mail

☐ $175 – Licensed Clinical Professional Counselor (Active)

☐ $88 – Licensed Clinical Professional Counselor (Inactive)

Your Montana Licensed Clinical Professional Counselor license will expire on December 31.

TO RENEW ONLINE, GO TO https://ebiz.mt.gov/pol/. If you have questions on how to access an existing account or create a new account contact customer service at 406-841-2300 or dlibsdhelp@mt.gov. Online renewal transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.

Or, in order to renew your license by mail:

1) Complete the renewal application.
2) Answer the disciplinary question at the bottom of the form.
3) Submit a check or money order for the amount indicated above, made payable to the Board of Behavioral Health. Do not send cash. Canadian or foreign residents pay in U.S. funds only.
4) Renewals with a U.S. Postal Service postmark after December 31 will be assessed a penalty fee by state law of 100% the renewal fee. NO EXCEPTIONS!
5) Sign the renewal application. Incomplete or unsigned renewal applications will not be processed and will be returned.
6) Return the renewal application and fee to the board office postmarked by December 31.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

☐ **Yes** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

☐ **No**

CONTINUING EDUCATION AFFIRMATION OF UNDERSTANDING

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.219.2201 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature:_____ Date: _____

DO NOT SEND CASH