

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

Certified Behavioral Health Peer Support Specialist
ANNUAL REGISTRATION: \$110.00

Check here if any information is new.

Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____
(If, other than the United States)

To practice as Certified Behavioral Health Peer Support Specialist, (CBHPSS) you must hold an active Montana license.

Your Certified Behavioral Health Peer Support Specialist license expires ANNUALLY on December 31.

TO ANNUALLY RENEW YOUR LICENSE ONLINE GO TO: ebiz.mt.gov/pol

Online transactions must be completed no later than 11:59 PM, MST on the registration deadline date. Avoid technology challenges and high volumes of users by registering early. Failure to complete the transaction by 11:59 PM will result in the addition of a late fee OR

TO ANNUALLY RENEW YOUR LICENSE BY MAIL:

- 1) Complete this renewal application.
- 2) Answer the legal/disciplinary question at the bottom of the form (include DUI's and any other criminal charges).
- 3) Submit a check or money order for \$110 made payable to the **Montana Board of Behavioral Health**. If your check is returned to us for the reason of insufficient funds, your license for the upcoming year will be invalid, and you will be charged an additional administrative fee of \$30.00. Employment as a CBHPSS with an invalid license is a violation of Montana Board of Behavioral Health rule. **Do not send cash.** Canadian and foreign residents pay in U.S. funds only.
- 4) Sign and date the renewal form.
- 5) Annual renewal with a postmark after December 31 will be assessed a late registration fee of \$110.00.
- 6) Your active license will be provided by email or hard copy.

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.219.927 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 application to be true and complete to the best of my knowledge. In signing the renewal application, I am aware that a false statement may lead to disciplinary action against my license. The Board may audit my records to verify my compliance with the rules and regulations governing this license. I have read and am familiar with the laws and rules of the state of Montana relating to CBHPSS and agree to comply with them.

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 YOUR LAST ANNUAL RENEWAL OF 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

Your signature: _____ Date: _____

DO NOT SEND CASH