

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

**ADDICTION COUNSELOR LICENSURE CANDIDATE
ANNUAL REGISTRATION: \$100.00**

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 an Addiction Counselor Licensure Candidate or represent yourself as an Addiction Counselor Licensure Candidate in Montana, you must hold an active Montana Addiction Counselor Licensure Candidate, ACLC.

Your Montana Addiction Counselor Licensure Candidate registration expires ANNUALLY on June 30.

TO ANNUALLY REGISTER 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 REGISTER YOUR LICENSE BY MAIL:

- 1) Complete this registration 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 \$100 made payable to the **Montana Board of Behavioral Health**.
If your check is returned to us for the reason of insufficient funds, you license for the upcoming year will be invalid, and you will be charged an additional administrative fee of \$30.00. Employment as an Addiction Counselor Licensure Candidate 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 registration form.
- 5) Annual registration with a postmark after June 30th will be assessed a late registration fee of \$100.00.
- 6) There are no continuing education requirements for this registration.
- 7) Your active license will be printed and sent to you following processing.

I hereby declare under penalty of perjury the information included in my registration application to be true and complete to the best of my knowledge. In signing this registration 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 addiction counseling 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 REGISTRATION 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