

**MONTANA BOARD OF DENTISTRY**  
**PO BOX 200513**  
(301 S PARK, 4TH FLOOR - Delivery)  
Helena, Montana 59620-0513  
(406) 444-6880 FAX (406) 841-2305  
E-MAIL: [UnitA@mt.gov](mailto:UnitA@mt.gov) WEBSITE: [www.dentistry.mt.gov](http://www.dentistry.mt.gov)

**REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS**

Board Rule: [24.138.514 CONVERTING FROM INACTIVE TO ACTIVE STATUS](#)

NAME: \_\_\_\_\_ MONTANA LICENSE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DENTIST

DENTAL HYGIENIST

DENTURIST

1. Last time your license was active in Montana:  
Have you practiced in another state or jurisdiction during the time your license was inactive in Montana?    NO    YES, if so, what state(s):

Are you currently practicing?    NO    YES, in what state:

\*Note: If you have held an inactive license for 5 years or longer you may be required to take and pass the jurisprudence examination. This is an open book test and you will be notified if you are required to do so. The fee for the examination is \$85.00.

2. Please submit copies of Continuing Education obtained in the three most current renewal years:  
Dentists: 60 hours  
Dental Hygiene: 36 hours  
Denturist: 36 hours
3. Please list all states other than Montana that you hold **or** have ever held a license.
4. Submit license verifications from the states above (contact the individual state(s))
5. Submit a copy of a current CPR, ACLS, or PALS card.
6. Have you been out of practice for more than five years?  
If yes, you must submit one of the following in addition to the above:    NO    YES
- ✓ Completion of a clinical competency course or skills assessment analysis approved by the board;
  - ✓ Completion of a board approved regional or state examination within the most recent five years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_