RENEWAL APPLICATION

Board of Massage Therapists
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 841-2205

☐ **Check For New Address.**
Indicate any changes below.

License No

Name

Address

City State Montana Zip

Country United States

☐ ACTIVE - $90.00

☐ INACTIVE - $45.00

Your Montana Massage Therapist license will expire on **August 31.**
TO RENEW YOUR LICENSE ONLINE GO TO: LicenseRenewal.mt.gov (Online 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

1) Complete all the information on the renewal application.
2) Read the continuing education attest statement below.
3) Answer the disciplinary question at the bottom of the form.
4) Submit a check or money order in the amount indicated above, made payable to the Board of Massage Therapy. Do not send cash. Canadian and foreign residents pay in U.S. funds only
5) Renewals with a U.S. Postal Service postmark after August 31 will be assessed a penalty fee by state law of 100% of the renewal fee. NO EXCEPTIONS!
6) Incomplete or unsigned renewal applications will not be processed and WILL BE RETURNED.

CONTINUING EDUCATION ATTEST STATEMENT:
I am aware of the continuing education requirement and hold myself responsible for fulfilling that requirement.
I will submit "proof of attendance" when audited or upon request by the Board.

I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline.

☐ YES ☐ NO 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? 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.

Your signature:_____ Date: _____

DO NOT SEND CASH