MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE PO BOX 200513 301 S PARK, 4TH FLOOR Helena, Montana 59620-0513 (406) 841-2202 FAX (406) 841-2305

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REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE LICENSE

PLEASE PLACE MY MONTANA OCCU	JPATIONAL THERAPY	LICENSE ON ACTIVE STATUS
NAME LICENSE NUMBER		ICENSE NUMBER
Address		
City	State	Zip Code
Email		
24.165.604 INACTIVE STATUS (1 who will not be practicing occupatindicating this intention on the anapplication and payment of the astatus may not practice occupation remains on inactive status. (2) An individual licensed on to active status by submission of the renewal fee for the year evidence of one or more of the (a) full-time practice of occup completion of continuing educations and substantially equivalent, in the these rules, or (b) completion of a minimum within the six months prior to (c) repassage of the National Therapy (NBCOT) examination	ational therapy, may noual renewal form of appropriate fee. An inconal therapy during the inactive status may not an appropriate ar in question. The set following, in the cation for each year opinion of the book of six contact hou application for responded to the book of the book o	obtain an inactive status by submission of an dividual licensed on inactive the period in which he or she capplication and payment application must contain board's discretion: another state and ar of inactive status, bard, to that required under the statement, or contain or contain the statement, or continuing Education instatement, or continuing Education instatement, or continuing Education or continuing Education instatement, or continuing Education or c
Signature of Licensee		Date