

**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**  
**EMAIL: [dlibsdotp@mt.gov](mailto:dlibsdotp@mt.gov) WEBSITE: [www.ot.mt.gov](http://www.ot.mt.gov)**

**REQUEST FOR INACTIVE LICENSE**

PLEASE PLACE MY MONTANA OCCUPATIONAL THERAPY LICENSE ON INACTIVE STATUS

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

24.165.604 INACTIVE STATUS (1) A licensee who wishes to retain a license, but who will not be practicing occupational therapy, may obtain an inactive status by indicating this intention on the annual renewal form or by submission of an application and payment of the appropriate fee. An individual licensed on inactive status may not practice occupational therapy during the period in which he or she remains on inactive status.

(2) An individual licensed on inactive status may convert his or her license to active status by submission of an appropriate application and payment of the renewal fee for the year in question. The application must contain evidence of one or more of the following, in the board's discretion:

- (a) full-time practice of occupational therapy in another state and completion of continuing education for each year of inactive status, substantially equivalent, in the opinion of the board, to that required under these rules, or
- (b) completion of a minimum of six contact hours of continuing education within the six months prior to application for reinstatement, or
- (c) repassage of the National Board of Certification in Occupational Therapy examination.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date