



Board of Psychologists  
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## OUT-OF-STATE CONSULTANT FORM

OUT-OF-STATE CONSULTANT INFORMATION		
<i>This section must be completed by the out-of-state consultant</i>		
Consultant Name		State of Residence License Number
Physical Address of Residence		
City of Residence	State of Residence	Zip Code of Residence
Mailing Address of Residence		
City of Residence	State of Residence	Zip Code of Residence
Phone Number	Fax Number	Email Address

1. List the nature of services to be rendered in Montana: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. List the location of services to be rendered: \_\_\_\_\_
3. List the start and end dates of services: \_\_\_\_\_  
*Cannot exceed, in the aggregate, 60 days during a calendar year or 45 consecutive calendar days.*

4. Select the correct option below (Required):

Providing services in association with, at the direction of, or upon the recommendation of a licensed Montana psychologist; or

Fulfilling a strictly forensic role as an expert witness and not as a treating psychologist.

LICENSED MONTANA PSYCHOLOGIST (IF APPLICABLE) <i>This section must be completed for licensed Montana psychologist consultant associate</i>		
Montana Licensee Name		Montana License Number
Physical Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number	Email Address

Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me by this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

At \_\_\_\_\_  
 City and State

SEAL

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Notary Public Printed Name

\_\_\_\_\_  
 For the State of

My commission expires \_\_\_\_\_