



# Application for Licensure

## Board of Behavioral Health

Last updated: 12/5/2025

To complete your application, include:

- ☐ This form
- ☐ Fee (no cash, see amount below)
- ☐ Additional forms (see below)

Also complete (if needed):

- ☐ Transcript requests from institutions
- ☐ License verification requests from jurisdictions
- ☐ Exam score requests from testing agencies
- ☐ Fingerprint background check (see additional forms)
- ☐ Any additional requests from licensing staff

**ADDITIONAL FORMS** (Find on **bbh.mt.gov** by selecting "Forms" in the left-hand menu.)

- ☐ **Applicant Rights & Consent to Fingerprint** (all applicants, included with application)
- ☐ **Supervision Report** (candidates and peer support specialists)
- ☐ **Work History Evaluation** (for full licensure when out-of-state license is not substantially equivalent)
- ☐ **Academic Summary** (professional counselors)
- ☐ **Addiction Courses Completed** (addiction counselors)

All materials should be sent to **dlibsdbbh@mt.gov** (use **transfer.mt.gov** for large or sensitive files) or:

Board of Behavioral Health  
P.O. Box 200513  
Helena, MT 59620-0513

### APPLICATION

License type applying for:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> LCPC <b>\$200</b>           | <input type="checkbox"/> LMFT <b>\$200</b>           | <input type="checkbox"/> LAC <b>\$250</b>            | <input type="checkbox"/> CBHPSS <b>\$125</b> |
| <input type="checkbox"/> LCPC candidate <b>\$200</b> | <input type="checkbox"/> LMFT candidate <b>\$200</b> | <input type="checkbox"/> LAC candidate <b>\$250</b>  |  |
| <input type="checkbox"/> LCSW <b>\$200</b>           | <input type="checkbox"/> LMSW <b>\$200</b>           | <input type="checkbox"/> LBSW <b>\$200</b>           |  |
| <input type="checkbox"/> LCSW candidate <b>\$200</b> | <input type="checkbox"/> LMSW candidate <b>\$200</b> | <input type="checkbox"/> LBSW candidate <b>\$200</b> |  |

Name (first, middle, last): \_\_\_\_\_

All other names, past or current (e.g. maiden name): \_\_\_\_\_

Social security number: \_\_\_\_\_ Foreign ID number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing address number: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## EDUCATION

List all relevant education. Attach additional sheets if necessary. (Transcripts must come directly from the school.)

<b>Institution or provider:</b> (university, school, etc.)	
<b>City:</b>	<b>State:</b> (province, territory, etc.)
<b>Dates attended:</b>	<b>Credential earned:</b> (type of degree, certificate, etc.)

<b>Institution or provider:</b> (university, school, etc.)	
<b>City:</b>	<b>State:</b> (province, territory, etc.)
<b>Dates attended:</b>	<b>Credential earned:</b> (type of degree, certificate, etc.)

<b>Institution or provider:</b> (university, school, etc.)	
<b>City:</b>	<b>State:</b> (province, territory, etc.)
<b>Dates attended:</b>	<b>Credential earned:</b> (type of degree, certificate, etc.)

## LICENSE VERIFICATION

List all professional licenses, certifications, etc. you have ever held, including from other professions and any that are expired. Attach additional sheets if necessary. (Verifications must come directly from the jurisdiction.)

<b>Jurisdiction:</b> (state, province, etc.)	<b>License number:</b>
<b>License type:</b> (profession, level, etc.)	
<b>Have you requested verification of this license from the issuing jurisdiction?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Jurisdiction:</b> (state, province, etc.)	<b>License number:</b>
<b>License type:</b> (profession, level, etc.)	
<b>Have you requested verification of this license from the issuing jurisdiction?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Jurisdiction:</b> (state, province, etc.)	<b>License number:</b>
<b>License type:</b> (profession, level, etc.)	
<b>Have you requested verification of this license from the issuing jurisdiction?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

## PERSONAL HISTORY QUESTIONS

1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever surrendered a credential like those listed in the previous question in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever withdrawn an application for any professional license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are you under a current order that remains unsatisfied (e.g. fines unpaid, probation not concluded, conditions unmet)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Have you ever been convicted or entered a plea of guilty, no contest, or a similar plea or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? (A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Are you now subject to criminal prosecution or pending criminal charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have you ever been disciplined, censured, expelled, denied membership, or asked to resign from a professional society or organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Have you ever been placed on probation, restricted, reprimanded, suspended, or revoked or resigned in lieu of action against you or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are you currently on an exclusion list by the Office of Inspector General for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## DECLARATION

### **CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS) APPLICANTS ONLY:**

I the undersigned attest that I have been diagnosed by a mental health professional as having a behavioral health disorder, have received treatment, and am in recovery, meaning I have not been incarcerated at all and have not been hospitalized or admitted as an inpatient for a behavioral health disorder for longer than 72 hours—and, if I have been diagnosed with a chemical dependency, I have not had any symptoms except for a strong desire or urge to drink alcohol—for at least two years immediately preceding this application.

### **ALL APPLICANTS:**

I the undersigned authorize the release of any information concerning my education, training record, character, license history, and competence to practice by anyone who might possess such information to the Montana Board of Behavioral Health. I declare under penalty of perjury that the information included in my application is true and complete to the best of my knowledge. I am aware that any false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of my license on ethical grounds. I understand that I must update licensing staff if any of this information changes, including while my application is pending and after I have received my license. I have read and will abide by the State of Montana's current statutes (located at **[archive.legmt.gov/bills/mca](http://archive.legmt.gov/bills/mca)**) and rules (located at **[rules.mt.gov](http://rules.mt.gov)**) governing licensure in this profession and will abide by the laws and rules governing my practice.

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

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



## Montana Department of **LABOR & INDUSTRY**

### **APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE**

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

### **CHANGE, CORRECT, OR UPDATE RECORD**

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Employment Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes in accordance with the information supplied by that agency. Information regarding this process may be obtained at [www.fbi.gov/services/cjis/identity-history-summary-checks](http://www.fbi.gov/services/cjis/identity-history-summary-checks).

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

## Privacy Act Statement

*The Montana Department of Labor & Industry, Employment Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.*

“Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.” *Eff. 03/30/2018*

**By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.**

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant  
Name: \_\_\_\_\_  
Please Print Legibly

*Directions to Applicant:* Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.