

**MONTANA BOARD OF BEHAVIORAL HEALTH**

P.O. Box 200513

301 South Park, 4<sup>th</sup> Floor

Helena, Montana 59620-0513

406-841-2300

E-MAIL: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov) WEBSITE: [www.bbh.mt.gov](http://www.bbh.mt.gov)**REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS  
LCSW, LMSW, LBSW, LCPC, LMFT, LAC, or CBHPSS**

A licensed clinical social worker (LCSW), licensed master's social worker (LMSW), licensed baccalaureate social worker (LBSW), licensed clinical professional counselor (LCPC), licensed marriage and family therapist (LMFT), licensed addiction counselor (LAC), or certified behavioral health peer support specialist (CBHPSS) whose license is currently inactive can request to reactivate that license by submitting this request form and paying the appropriate fee per.

**1. NAME**

Last	First	Middle
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**2. MAILING ADDRESS**

Street or PO Box	City, State	Zip
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**3. E-MAIL ADDRESS****4. TELEPHONE**

**5. LICENSE NUMBER** \_\_\_\_\_  
(i.e. BBH-xxx-LIC-xxx)

**6. I have been on inactive status for less than five years.**

**I have been on inactive status for more than five years.**

**7. Have any legal or disciplinary actions been instituted against you since your last renewal?**

No

Yes

*If yes, attach copies of the document that initiated each action and all final orders. [37-1-105, MCA](#), requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.*

**Required Documents and Fee for License Reactivation**

- \$47 – reactivation to active status for CBHPSS
- \$64 – reactivation to active status for LAC
- \$74 – reactivation to active status for LCSW, LMSW, LBSW, LCPC, LMFT
- Proof of ten hours of continuing education for each year or portion of a year that licensee has been inactive per [ARM 24.219.430](#))
- License verification(s) from all jurisdictions where applicant is licensed or has held a license during the inactive status period (contact the individual states for verification)

Signature \_\_\_\_\_

Date \_\_\_\_\_