



Reactivate Inactive License for the Board of Behavioral Health

Last updated: 5/5/2025

To convert an inactive license back to active status, include:

- ☐ This form
- ☐ Fee (no cash, see amount below)
- ☐ Disciplinary documents, if applicable
- ☐ Proof of 10 hours of continuing education for each year or partial year of inactive status (where at least the last 2 years' hours must have been completed within their respective renewal cycles or within the current renewal cycle)

Also complete:

- ☐ License verification requests from jurisdictions for any professional licenses (including expired or for other professions) held during the inactive period
- ☐ Any additional requests from licensing staff

Email all materials to **dlibsdbbh@mt.gov** (use **transfer.mt.gov** for large or sensitive files), or send by mail to:

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

Payment can also be made over the phone by calling (406) 444-6880.

License type:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> LCPC \$75 | <input type="checkbox"/> LMFT \$75 | <input type="checkbox"/> LAC \$64 | <input type="checkbox"/> CBHPSS \$47 |
| <input type="checkbox"/> LCSW \$75 | <input type="checkbox"/> LMSW \$75 | <input type="checkbox"/> LBSW \$75 | |

Name (first, middle, last): _____

Mailing address number: _____

City, state, ZIP: _____

Email address: _____

Phone: _____ License number: _____

Has your license been inactive for 5 years or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any legal or disciplinary actions been instituted against you since your last renewal? <i>If yes, please attach copies of the documents that initiated each action and all final orders. Failure to accurately furnish this information is grounds for denial or revocation of your license.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I the undersigned attest that the information reported on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____