

# 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"/> <b>LPC \$75</b>	<input type="checkbox"/> <b>LMFT \$75</b>	<input type="checkbox"/> <b>LAC \$64</b>	<input type="checkbox"/> <b>CBHPSS \$47</b>
<input type="checkbox"/> <b>LCSW \$75</b>	<input type="checkbox"/> <b>LMSW \$75</b>	<input type="checkbox"/> <b>LBSW \$75</b>	

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: \_\_\_\_\_