



## Montana Department of LABOR & INDUSTRY

Montana Board of Chiropractors  
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### **Request to Place License on Inactive Status**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Requirements for Inactive Status Per ARM 24.126.701**

(1) Request for inactive status must be done in writing.

(2) When inactive, must renew annually.

#### **Requirements to Reactivate License Per ARM 24.126.701**

(1) Must submit the reactivation form.

(2) Pay the required reactivation fee(s).

(3) Provide evidence of:

(a) At least 1500 hours of work each year as a licensed chiropractor in another state that requires continuing education similar to Montana.

OR

(b) Completed 12 hours of approved continuing education in the year before applying for active status.

(4) Proof of competency may be required by the board if the licensee has not been active in any jurisdiction for five or more years. Re-establishing competency may be done through examination, education, or supervised practice.

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_