

MONTANA BOARD OF CHIROPRACTORS
PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
HELENA, MONTANA 59620-0513
PHONE: (406) 444-6880
EMAIL: dlibsdhhelp@mt.gov
WEBSITE: www.chiropractor.mt.gov

REQUEST TO CONVERT AN INACTIVE OR EXPIRED LICENSE TO ACTIVE STATUS

Please reactivate Montana Chiropractic license number: _____

Name of Licensee: _____

Please refer to the following board rule:
[24.126.701](#) INACTIVE STATUS AND CONVERSION TO ACTIVE STATUS

My signature below attests I am not licensed in any other jurisdictions (check box below) **or** I have requested verification of licensure from all other jurisdictions I am or have been licensed as a Chiropractor to be sent to the Montana Board of Chiropractors office. False statements or failure to provide verification of licensure may result in disciplinary action.

I am not licensed as a Chiropractor in any other jurisdiction.

Business Address:

Name of Practice _____

Address _____

City _____ State _____ Zip Code _____

Phone Work _____ Home _____ Fax _____

Email _____

Home Address:

Address _____

City _____ State _____ Zip Code _____

Signature

Date

Enclosed:

\$100.00 Fee

Proof of hours of CE completed in the previous 12 months