



## Montana Department of LABOR & INDUSTRY

Montana Board of Chiropractors  
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[dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov) [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

### **Request to Reactivate License**

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

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

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

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

#### **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.

Reactivation fee: \$100

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