



Montana Board of Chiropractors
PO Box 200513
(301 S PARK, 4th Floor - Delivery)
Helena, MT 59620-0513
PHONE: (406) 444-6880
dlibsdhelp@mt.gov 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: _____