

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS
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APPLICATION FOR ACTIVATION OF INACTIVE LICENSE

This application must be filed to reactivate your license. **The active fee of \$50 for the remaining license year, which you are applying, must accompany this application.**

1. Name in Full: _____
Last First M.I.

If not the same as of the last renewal, fill in your name at the time of licensure

2. Home Address: _____
Street

City State Zip Code

3. Home Phone No. _____ Work Phone No. _____

E-Mail Address: _____

4. What year was your license last active? _____

5. Attach verification of 14 hours of continuing education that you have attended for each of the past two renewal years (28 hours total).

Signature

Date