

MONTANA BOARD OF DENTISTRY
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REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS

Board Rule: [24.138.514](#) CONVERTING FROM INACTIVE TO ACTIVE STATUS

NAME: _____ MONTANA LICENSE NUMBER: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ E-MAIL ADDRESS: _____

DENTIST DENTAL HYGIENIST DENTURIST

1. Last time your license was active in Montana: _____
Have you practiced in another state or jurisdiction during the time your license was inactive in Montana? Yes No If so, what state(s)? _____

Are you currently practicing and in what state: _____

*Note: If you have held an inactive license for 5 years or longer you may be required to take and pass the jurisprudence examination. This is an open book test and you will be notified if you are required to do so. The fee for the examination is \$85.00.

2. Please submit copies of Continuing Education obtained in the three most current renewal years:

Dentists: 60 hours
Dental Hygiene: 36 hours
Denturist: 36 hours

3. Please list all states other than Montana that you hold **or** have ever held a license.

4. Submit license verifications from the states above (contact the individual state(s))
5. Submit a copy of a current CPR, ACLS, or PALS card.
6. Have you been out of practice for more than five years? Yes No

If yes, you must submit one of the following in addition to the above:

- ✓ Completion of a clinical competency course or skills assessment analysis approved by the board;
- ✓ Completion of a board approved regional or state examination within the most recent five years.

Signature: _____

Date: _____