

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE
PO BOX 200513
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Helena, MT 59620-0512
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Email: dlibsdhelpp@mt.gov Website: www.ot.mt.gov

SUPERFICIAL & TOPICAL MODALITY ENDORSMENT APPLICATION

Application fee must be submitted with the application. The fee is \$20 for each individual modality or \$40 for both.

Superficial - \$20

See MCA [37-24-103\(8\)](#) and [37-24-105](#) for scope of practice & endorsement requirements

Topical Medications - \$20

See MCA [37-24-103\(10\)](#), [37-24-107](#), and [ARM 24.165.514](#) for scope of practice and endorsement requirements

Section 1 – Applicant Information

1. Full Name: _____

First
Middle
Last
2. Mailing Address: _____
3. Email Address: _____
4. Phone Number: _____
5. Montana License Number: _____

Section 2 – Training and Instruction

6. In addition to this form, applicants must also submit the following with this application: copies of certificates/transcripts of completed courses showing completion and hours earned.

Modality Course Applies to (Superficial or Topical Medications)	Course Title/Name	Number of Hours Earned	Course Provider or Name of College/University Where Course Was Taken	Course Number (if applicable)

Modality Course Applies to (Superficial or Topical Medications)	Course Title/Name	Number of Hours Earned	Course Provider or Name of College/University Where Course Was Taken	Course Number (if applicable)

Section 3 – Proctored Treatments (if applicable)

7. This section must only be completed if you are applying for a topical medications endorsement. See [ARM 24.165.514](#) and [ARM 24.165.510](#) for specific requirements.

Type of Proctored Treatment (i.e. direct application of topical medication; phonophoresis; or iontophoresis)	Date of Treatment	Proctor Name & License Number	Proctor Signature

DECLARATION

I, the licensee/applicant, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

Legal Signature of Applicant

Date