

**MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE****PO BOX 200513****301 S PARK, 4<sup>TH</sup> FLOOR****Helena, MT 59620-0512****Phone: 406-444-6880****Email: [dlibsdlhelp@mt.gov](mailto:dlibsdlhelp@mt.gov) Website: [www.ot.mt.gov](http://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 ( <i>Superficial or Topical Medications</i> )	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