Rev. 07/12/2024

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE PO BOX 200513 301 S PARK, 4TH FLOOR Helena, Montana59620-0513 PHONE 406-444-6880

E-MAIL: dlibsdhelp@mt.gov WEBSITE: www.ot.mt.gov

REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE LICENSE

Name:		License#:	
Address:			
City:		State:	Zip Code:
Email Address:			Phone#:
Under board rule 24.165.604, an inactive status licensee may convert to active status upon request. The request must be accompanied by:			
□ Paying the \$60 fee.			
The licensee must demonstrate one of the following:			
	Full-time practice of occupational therapy in another state and completion of continuing education for each year of inactive status that is substantially equivalent to Montana's, or		
	Completion of a minimum of six hours of continuing education within the six months prior to converting to active status if the licensee has not practiced occupational therapy for more than two years; <u>or</u>		
	Repassage of the National Board of Certification in Occupational Therapy examination.		
Signature of Li	cansaa		 Date
Signature of Licensee			Dale