

**MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE**  
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Helena, Montana 59620-0513  
406-444-6880

**EMAIL:** [dlibsddhelp@mt.gov](mailto:dlibsddhelp@mt.gov) **WEBSITE:** [www.ot.mt.gov](http://www.ot.mt.gov)

**REQUEST FOR INACTIVE LICENSE**

PLEASE PLACE MY MONTANA OCCUPATIONAL THERAPY LICENSE ON INACTIVE STATUS

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**24.165.604 INACTIVE STATUS**

(1) An active status licensee may convert to inactive status on the renewal form or by informing the board office. Inactive licensees must inform the board of any change of address while on inactive status and must pay the inactive renewal fee annually to avoid license expiration or termination.

(2) Inactive licensees may not practice occupational therapy.

(3) An inactive status licensee may convert to active status upon request and payment of the required fee. The licensee must demonstrate:

- (a) 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;
- (b) 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; or
- (c) repassage of the National Board of Certification in Occupational Therapy examination.

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Signature of Licensee

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Date