

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, Montana 59620-0513
406-444-6880

EMAIL: dlibsdhhelp@mt.gov **WEBSITE:** 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.

Signature of Licensee

Date