

Montana Sanitarian Program
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513
Phone: (406) 444-6880 Fax: (406) 841-2305
Email: dlibsdhelp@mt.gov Website: www.sanitarian.mt.gov

REACTIVATION OF INACTIVE SANITARIAN LICENSE

APPLICATION FEE: \$90

Full Name: _____
Last _____ First _____ Middle _____

Sanitarian License Number: _____

Mailing Address: _____
Street or PO Box # _____

_____ City & State _____ Zip _____

I intend to be an active practitioner in the State of Montana and hereby request consideration of reactivation of my license.

Also, enclosed is evidence that I have obtained the required 15 hours of continuing education within the last 2 years prior to activation in accordance to ARM 24.216.2102.

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?

Yes *If so, please attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.*

No

Signature: _____ Date: _____