



Reactivate Inactive License

for the Board of Speech-Language Pathologists and Audiologists

Last updated: 4/10/2025

To convert an inactive license back to active status, include:

- ☐ This form
- ☐ Fee (no cash, see amount below)
- ☐ Disciplinary documents, if applicable
- ☐ Proof of continuing education hours for each year or partial year of inactive status (see amount below)

Also complete:

- ☐ License verification requests from jurisdictions for any professional licenses held during the inactive period (including expired or for other professions)
- ☐ Any additional requests from licensing staff

Email all materials to **dlibsdsip@mt.gov** (use **transfer.mt.gov** for large or sensitive files), or send by mail to:

Board of Speech-Language Pathologists and Audiologists
P.O. Box 200513
Helena, MT 59620-0513

Payment can also be made over the phone by calling (406) 841-2209.

License type:

- | | |
|--|---|
| <input type="checkbox"/> Audiologist \$40
(5 hours per year or partial year) | <input type="checkbox"/> Speech-Language Pathologist \$40
(5 hours per year or partial year) |
| <input type="checkbox"/> Audiology Assistant \$5
(2.5 hours per year or partial year) | <input type="checkbox"/> Speech-Language Pathology Assistant \$5
(2.5 hours per year or partial year) |
| <input type="checkbox"/> Speech-Language Pathologist-Audiologist (dual) \$40
(7.5 hours per year or partial year, 3.75 per discipline) | |

Name (first, middle, last): _____

Mailing address number: _____

City, state, ZIP: _____

Email address: _____

Phone: _____ License number: _____

Have you been out of active practice for five years or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any legal or disciplinary actions been instituted against you since your last renewal? <i>If yes, please attach copies of the documents that initiated each action and all final orders. Failure to accurately furnish this information is grounds for denial or revocation of your license.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I, the undersigned, attest that the information reported on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____