

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS

P.O. Box 200513
301 South Park, 4th Floor [Delivery]
Helena, Montana 59620-0513
406-444-6880 FAX 406 841-2305
E-MAIL: UnitA@mt.gov WEBSITE: www.slpaud.mt.gov

REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS

A speech-language pathologist and/or audiologist whose license is currently inactive can request to reactivate that license by submitting this request form to the Board of Speech-Language Pathologists and Audiologists per [ARM 24.222.513](#).

1. NAME

_____ *Last* *First* *Middle*

2. MAILING ADDRESS

_____ *Street or PO Box* *City, State* *Zip*

3. E-MAIL ADDRESS

4. TELEPHONE

5. LICENSE TYPE SLP AUD DUAL (SLP and AUD)

6. MT LICENSE NUMBER _____

7. I have not been out of active practice from more than five years.
Note: If you have been out of active practice for more than five years the board may not reactivate your license.

8. Have any legal or disciplinary actions been instituted against you since your last renewal?

No

Yes

If yes, please attach copies of the document that initiated each action and all final orders. [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.

Enclosed:

\$100 fee

Proof of ten hours of board-compliant continuing education for each year or portion of a year applicant has been inactive.

For example, if you have been inactive for two years, you need 20 CE.

License verification(s) from all jurisdictions where applicant is licensed or has held a license during the inactive status period (contact the individual states for verification).

Signature

Date