

## NOTIFICATION OF COMPLETION AND REQUEST FOR APPROVAL FOR OUT-OF-STATE DUI EDUCATION COURSE

Client's Name		DOB:	
Driver's License Number			
Address			
City, State, ZIP			
Telephone		Fax	
Email			

To comply with Montana statute (61-8-732) and administrative rules (37-27-506, 37-27-516 & 37-27-525), the ACT DUI Education Course must:

- be at least 8 hours in duration
- review MT DUI laws and consequences of violating them (<http://leg.mt.gov/bills/mca/61/8/61-8-714.htm>)
- review physiological and neurophysiological effects of alcohol and other drugs
- review social and psychological implications of alcohol and other drug use
- complete a self-assessment

I certify that:

1. My name is \_\_\_\_\_.
2. I am a certified or licensed counselor in the State of \_\_\_\_\_ to complete alcohol/drug education and treatment. My certification or license number is \_\_\_\_\_.
3. This client completed the following:
  - An ACT DUI education program that includes a minimum of eight hours of education..
  - A substance use disorder / chemical dependency assessment completed by a certified or licensed counselor in that state to do such assessments.
4. The following requirements were met:
  - A diagnosis was made based on DSM-IV/V
  - The client was referred for chemical dependency treatment. **NOTICE: For second and subsequent DUI convictions, treatment is mandatory.**
  - Treatment will be provided by \_\_\_\_\_

Agency / Program

City

State

**I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

Date: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Counselor's Signature: \_\_\_\_\_

Please include the following documents with this form:

1. A copy of addiction counselor certificate / license.
2. Course agenda with date and times to verify length of course in hours.
3. Verification of course content: this can be provided by a copy of the Table of Contents, Outline of Course, or copy of curriculum.

Return this form and the attachments to:

**Chemical Dependency Bureau  
Addictive and Mental Disorder Division  
MT Dept. Public Health and Human Services  
PO Box 202905  
100 N. Park Avenue, Suite 300  
Helena, MT 59620-2905  
Fax: 406-444-4435**

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For DPHHS Chemical Dependency Bureau to complete:

ACT DUI Education Course \_\_\_\_\_ approved \_\_\_\_\_ not approved

If not approved, reason: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Reviewer: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date forwarded to Montana Vehicle Division, Drivers Services Bureau \_\_\_\_\_ DSB Fax 444-1631