



Louisiana Board of Massage Therapy  
9619 Interline Ave  
Suite B  
Baton Rouge, LA 70809  
225-756-3488  
[www.labmt.org](http://www.labmt.org)

Louisiana Application for Licensure- **RECIPROCITY**  
**Non-Refundable Application Fee - \$75.00**  
**Cashier's Check or Money Order Only – Payable to LBMT**

Questions: [info@labmt.org](mailto:info@labmt.org)

---

### RECIPROCITY

If you have a current massage therapy license from another state which has been active for more than one year, you **may** be eligible for a Louisiana license through reciprocity.

---

Do you currently hold an active license in another state that has been active for 1 year?

**YES**

**NO**

If **NO**, you do not qualify for RECIPROCITY and must apply for licensure as a new applicant. Please visit our website and use the "Louisiana Application for Licensure" Application.

---

#### 1. Application

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. For example, if the application is dated April 15<sup>th</sup> and it is received at the office after May 15<sup>th</sup>, it is more than 30 days old and a new application would be required. All questions must be answered or the application will be returned. Incomplete applications will also be returned. **The board office may contact the applicant if clarification is needed on any information submitted. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing.** Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application.

#### 2. Application fee of \$75.00

Cashier's Check or Money Order only, **SIGNED & PAYABLE to LBMT**. This initial fee covers the processing of this application. Once the application has been approved, the applicant will be notified of eligibility to be licensed and must then submit a "Professional License Registration" form and pay the massage therapist license fee.

#### 3. Background Check

Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The applicant must submit a criminal background history as part of the application. The criminal background history must cover a period of at least five years preceding the date of the application and must be obtained from a state police agency such as the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections ("Bureau") and/or the Federal Bureau of Investigation of the United States Department of Justice ("FBI") or an FBI-Approved Channeler as listed on the FBI website. **If there are any felony charges within the last five years please submit any relevant documentation, typed statement with this application and relevant court pleadings, arrest records, etc.**

##### a). Louisiana Residents – Living in Louisiana for 5 years or more

An applicant who has resided in Louisiana for 5 years or more, may obtain a certified criminal background history from the **Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections ("Bureau")** and/or the **Federal Bureau of Investigation of the United States Department of Justice ("FBI")** or an **FBI-Approved Channeler** as listed on the FBI website. The background report must be certified by the issuing agency and dated within six months of the application submission date.

##### b). Louisiana Residents for less than 5 years and Out-of-State Residents

An applicant, who has resided in Louisiana for **any period of less than 5 years**, must submit a certified criminal history record from Louisiana as well as a criminal history from any other state or states in which the applicant has resided within the past five years. The criminal history must cover a five-year period and must be obtained from a recognized state police agency for a particular state or the Federal Bureau of Investigation of the United States Department of Justice (“FBI”) **OR** an FBI–Approved Channeler as listed on the FBI website. As an alternative to obtaining and submitting records from multiple states, a single criminal history record obtained from the FBI or an FBI-Approved Channeler may be submitted. The background report must be certified by the issuing agency and dated within six months of the application submission date.

#### **c). Time Requirements**

The background history must be dated within six months of the date the application is submitted to the Louisiana board and must cover at least the preceding five-year period of time.

**Questions concerning obtaining a criminal background history record may be directed to the Bureau at 225-925-6006 (Louisiana) and to the FBI at 304/625-2000. You may also use an FBI–Approved Channeler as listed on the FBI website ([www.fbi.gov](http://www.fbi.gov)) or <https://www.edo.cjis.gov>.**

#### **4. Official Transcript/Educational Hourly Standards**

- a) An applicant must submit an original, certified transcript showing the completion of the educational hours required by Louisiana Law (Title 46 Part XLIV. Chapter 11, §1101 [B]). The minimum **500 in-class hours which shall consist of 325** hours dedicated to the study of massage therapy techniques and clinical practicum-related modalities, **125** hours dedicated to the study of anatomy and physiology, and **50** hours of discretionary related course work, including but not limited to hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation (CPR) and first aid. To verify this requirement, a course catalog, course syllabus or course description from the school may be requested. **It is highly recommended that applicants applying through reciprocity include a copy of a course catalog with the application to expedite processing.**
- b) If the applicant is submitting an educational transcript from any Louisiana or out of state school which does not allow a determination of “in-class” or **clock hours, the school must submit information necessary to convert credit hours shown on the transcript into “class hours” to verify that the applicant has met the educational requirements of 500 in-class hours.** It is the **applicant’s responsibility** to obtain the necessary information to verify compliance with the educational requirements. If the credit to clock hour conversion is not included, the application will be returned.
- c) In order to satisfactorily complete course requirements to be eligible for licensure, massage school students must have graduated from the school with passing grades **and must have attended at least 90 percent of class hours in each subject matter offered in the supervised course of instruction**, as reflected by attendance records taken at the beginning of each class meeting. To verify this requirement, attendance records may be requested.

#### **5. Online Courses**

Any online courses must be identified on the official transcript. If online courses are not listed on the transcript please provide, on a separate sheet, any courses taken online and the number of clock hours associated with each online course.

#### **6. National Exam**

Applicant must present proof of passing a National Exam and/or MBLEx. (Title 46 Part XLIV. Chapter 13, §1301). Proof of passing the exam must be received **directly from the examination agency.**

#### **7. Photo**

Enclose one (1) **2” x 2”** color photo of yourself on photo paper. For example, a passport photo. Photos must be 2 x 2

**8. Identification**

Enclose a copy of a government issued ID. Military ID, Driver’s License and or Official State ID

**9. License Verification**

Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state.

**10. Military Information - Military or Military Spouse**

Please check below if you are in the military or the spouse of a military service member. Enclose a copy of your current Military ID card or a DD form 214.

**Military Service Member**

**Military Service Member Spouse**

I have been awarded a military occupational specialty in Massage Therapy and performed that specialty at a level that is substantially equivalent to the Louisiana requirements and I am engaged in the active practice of Massage Therapy.

Yes                      No

Have you received a dishonorable discharge from the Military?    Yes                      No

**TYPE OR PRINT (legibly) THE INFORMATION BELOW.**  
**ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED**

**11. Name, Date of Birth, Last 4 digits of Social Security #**

First		Middle Initial		Last	
<i>Preferred Name – name used if other than legal name</i>					
Date of Birth		Social Security #			
Phone # (1)		Phone # (2)			

**12. Profiles for the LABMT website will be created by the office based your personal email address.**

Email Address:	
----------------	--

**13. Home Address. This must be a place of residence – cannot be a place of business**

Street					
Suite/Apt#		City			
State				Zip	

**14. Mailing Address Use Home Address: Yes**

Street			
Suite/Apt#		City	
State		Zip	

**15. Residency Enclose a copy of a government issued ID. Military ID, Driver’s License and or Official State ID**

Are you currently a resident of Louisiana? **Yes** **No**

If Yes – How long have you lived in Louisiana. (days/weeks/months or years) \_\_\_\_\_

If not a resident of Louisiana, which state do you currently hold residency? \_\_\_\_\_

**16. List all States in which you have lived for the last 5 years including how long. (days/weeks/months or years)**

State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	

**17. Massage Therapy Education:**

Is the school listed below still in operation? **Yes** **No**

**\*If YES please provide the phone number and website of the school.**

Name of School	
Location: (City/State)	
Attendance Dates: (Start Date – End Date)	
Graduation Date:	
*Phone Number of School :	
*Website if applicable:	

**a) Online Education**

Courses taken online must be listed on the transcript indicating the number of clock hours of each online course. If not indicated on the transcript, **the school must provide, on a separate sheet, any courses taken online and the number of clock hours associated with each online course.** It is the sole responsibility of the applicant to ensure this information is submitted if online courses were taken.

**b) Online Education**

No courses were taken online	Yes	No	
Some courses were taken online	Yes	No	Total Clock Hours: _____
All courses were taken online	Yes	No	Total Clock Hours: _____

**18. Exam Taken:**                      Mblex                      National Exam  
**\*Exam verification must be sent directly to the LBMT office\***

Date Exam Taken & Passed	
Date the exam verification was requested to be sent to the LBMT office	

**19. List all states in which you have ever been issued a massage therapy license, and if each license is current or expired. Please list your license number. Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state.**

State:	Lisc. #	Current	Expired

**20. Have you ever had any Massage License suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy**

**YES                      NO**

**If yes, please explain: Use additional sheet if needed (typed)**

---



---



---



---



---

**21. Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to:**

- a) Any type of felony: Yes No
- b) Any type of sexually related misdemeanor: Yes No
- c) If "Yes" provide details on a separate sheet (typed) and submit any relevant documents (court pleadings, arrest records, etc.) to be reviewed. Not providing this information will delay processing,
- d) Have you ever been refused, revoked, suspended, encumbered or otherwise restricted **any** professional license by any state?

**Yes**

**No**

**If "Yes" what were the circumstances, please explain:**

---

---

---

**ADDITIONAL INFORMATION**

- Applications must be complete in order to be reviewed/processed. Copies will not be accepted. **It is the responsibility of the individual listed on this application to ensure any documentation submitted to the board office be submitted correctly.**
- It is the applicant's responsibility to understand all rules, laws and standards BEFORE submitting the application. If you have any questions please contact the office for assistance.
- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- It is the responsibility of the applicant to review any emails or documentation sent via USPS from the board office and respond accordingly if additional information is needed. If you are not receiving notifications from the board office via email, please check your email spam folder.
- If your application is approved an official notice will be sent via email to the email address on this application advising that the applicant can now register their license through the website by using the "Professional License Registration" link. Approved applicants will have to register their license within 45 days from the date the email\letter was received.
- After the "License Registration" is processed and email notification will be sent and the license can be printed from your dashboard on the LABMT website.

---

**NOTICE REGARDING OFFICE HOURS AND DOCUMENTATION PROCESSING**

Applications are processed in the order received. We will gladly accept applications at the office during HOURS OPEN TO THE PUBLIC, these hours are located on our website [www.labmt.org](http://www.labmt.org) . It is highly recommended to call the office first to ensure the office is not closed for board meetings, hearings etc. All applications are processed IN THE ORDER RECIEVED. For this reason, the office CANNOT **PROCESS OR REVIEW** APPLICATIONS FOR ACCURACY WHILE YOU WAIT. It is advised that applications **be mailed to the office**. HAND DELIVERING APPLCATIONS WILL NOT EXPEDITE PROCESSING. Completing applications correctly lies solely on the applicant listed. **Understanding all Laws and Occupational Standards before submitting the application lies solely on the applicant listed.** Make copies for your records. The office cannot make copies if hand delivered or mailed unless a money order is received in the amount of .25 cents per page. Please call or email the office should you have any questions, we are happy to assist.

**Verifying Affidavit**

The undersigned applicant does hereby confirm that the applicant is a citizen or legal resident of the United States. Has the ability to read, write, speak and understand English fluently and has read the laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). Applicant further does hereby promise and confirm that if granted a license to practice as a Massage Therapist in the State of Louisiana, applicant will obey the laws of this State and maintain the honor and dignity of the profession.

Applicant further confirms that all of the statements and representations contained in the application form are true and correct and understands that if any such statement and/or representations are found to be false shall be a basis to have the license suspended or revoked by the Louisiana Board of Massage Therapy at any time. Applicant further acknowledges that responsibility to keep applicant’s licensure current and stay informed of any changes in the law, rules and regulations and policy relative to the practice of Massage Therapy in the state of Louisiana.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

State of \_\_\_\_\_ Parish / County \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

ID or Bar Roll# \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**SEAL**