

Louisiana Board of Massage Therapy

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

225-756-3488



Jeff Landry

Governor

Notice: Changes in Office Policy Regarding Walk-Ins – **Appointments Only - Effective 9/9/2024**

For security reasons, the Louisiana Board of Massage Therapy **will no longer be accepting walk-ins at the office.** Visitors will be required to schedule appointments in advance and unfortunately, there can be no exceptions. At the time of scheduling, visitors will be required to provide the names of each person scheduled for the appointment. In addition, as a state office all visitors will be required to show a government issued ID upon arriving.

There will be no additional changes to the administrative functions of the office and office hours will remain the same. If you have any questions please continue to contact the office via phone or email; we are happy to assist.

As a reminder, most information and instructions can be located on our website or handled by phone call.

Website:

www.labmt.org

To contact the office via email: admin@labmt.org / Info@labmt.org

For appointment Scheduling: 225-756-3488

Kindest regards,

Louisiana Board of Massage Therapy



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LAPSED LICENSE APPLICATION

Non-Refundable Application Fee - \$75.00

Cashier's Check or Money Order Only – Payable to LBMT

Questions: info@labmt.org

LAPSED LICENSE APPLICATION

Therapists whose licenses are currently in lapsed status **may** qualify to return to active status.

Has your license been suspended, revoked or restricted in any way? **YES** **NO**

If **YES**, you may not be eligible to have your lapsed license reinstated and or may require approval from the board. Please contact the office before completing this 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 15th and it is received at the office after May 15th, 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 and email.** 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 re-licensed and must then submit a "Professional Lapsed License Registration" form and pay all applicable fees.

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.**

Disclaimer:

Louisiana Board of Massage Therapy may use the criminal convictions of applicants as a basis for denial of an application for licensure. The Board is required to consider the following factors in deciding whether to grant a license to an applicant with one or more criminal convictions: (1) the nature and seriousness of the offense(s); (2) the nature of the specific duties and responsibilities for which the license is required; (3) the amount of time that has passed since the conviction(s); (4) facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

Applicants for licensure do have the right to petition for a pre-application eligibility determination prior to meeting the general qualifications for a license. For more information, please review relevant Louisiana statutes and board rules: La. R.S. 37:35; La. R.S. 37:2409; La. R.S. 37:2413; La. R.S. 37:2950, and LAC 46:LIV §151(E) and (F).

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) or <https://www.edo.cjis.gov>.

4. Louisiana License Verification

The LBMT office will exhaust all resources available to assist in confirming previous licensure however, the burden of proof lies solely on the applicant. Lapsed licensees should call the office prior to completing this application if they are unable to provide a copy of their old license. If the applicant is unable to provide any of the required information and the original application file in the office has been archived, the lapsed licensee may not be eligible to return to active status. Any license that has been suspended, revoked or restricted may not qualify or may require approval by the Board. If you have any questions please contact the office.

5. Current Photo

Enclose one (1) 2” x 2” passport photo

6. Third Party Authorization

If this application is completed by any individual other than the applicant listed, a Third Party Authorization form is required. This form is located on the LBMT website on the download forms page under “other forms”.

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

1. Name, Date of Birth, Social Security #

First		Middle Initial		Last	
Date of Birth		Social Security #			
Phone Number					

2. Email Address

Email Address:	
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- a) **Is this email the same email submitted upon initial licensure?** **Yes** **No** **Not Sure**
 Please note – If your email address has changed your profile will be updated by the office using the above email address to link your previous account. Please do not create an additional profile.

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

Street					
Suite/Apt#		City			
State				Zip	

4. Mailing Address Use Home Address: Yes

Street					
Suite/Apt#		City			
State				Zip	

5. License Verification:

If the applicant is unable to provide any of the required information and the original application file has been archived, the lapsed licensee may not be eligible for reinstatement. The burden of proof to show previous licensure lies solely on the applicant. **NOTE* Please provide any other information/documentation that may assist with the verification/review process, such as C.E.U certificates that include license number, previous solo practitioner registration, Establishment license number and or any correspondence received from the board office.*

- a) Lapsed license number: _____
Please provide copy of license if available
- b) First year of licensure: _____
- c) Lapsed year _____
if you are unable to provide the exact dates, please estimate

6. Residency/Identification - Copy of Driver's License/Government issued identification must be provided

- a) Are you currently a U.S. citizen **Yes** **No**
- b) Are you currently a resident of Louisiana? **Yes** **No**
- If Yes – How long have you lived in Louisiana. (days/weeks/months or years) _____
- c) If not a resident of Louisiana, which state do you currently hold residency? _____
- d) Do you currently hold an active license in another state **Yes** **No**
- If Yes – Which State _____

7. List all States in which you have lived for the last 5 years including how long.

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	

8. 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 contact the LBMT office

9. 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 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:

IF APPROVED

- Your lapsed license approval letter and license registration form will be emailed/mailed to the address listed on this application.
- You must complete and return your lapsed license registration form within 45 days listed on the approval letter. If the lapsed license registration form is not received or postmarked within the 45 days, the applicant must complete a new application.
- Lapsed license registrations are processed manually in the office and shall include, **24 Board approved C.E.U's (taken within the current licensure year) along with a \$575.00 Cashier's Check or Money Order. As a reminder, a full list of Board approved C.E.U's are located on the LABMT website.**

ADDITIONAL INFORMATION

- Applications must be complete in order to be reviewed/processed. Copies will not be accepted. It is the **applicant's responsibility** 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.
- 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.

DOCUMENTATION PROCESSING

Please mail your completed application to the address listed on the first page. All applications are processed in the order received. **For this reason, the office cannot process or review applications if dropped off at the office.** Make copies of this application for your records. The office cannot make copies 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 it 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