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 <a href=

For appointment Scheduling: 225-756-3488

Kindest regards,

Louisiana Board of Massage Therapy



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Louisiana Change of Address Form – Establishment / Solo Registration

To Complete This Form Online Visit www.LABMT.Org

DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.

All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment

No massage establishment shall operate without an establishment license. A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy.

Notice Regarding Inspections:

Licensed and Unlicensed Establishments. *A*. The board may make periodic inspections of all massage establishments, including licensed and/or unlicensed massage establishments. *B*. Such inspections may include, but need not be limited to, confirmation that the site is being utilized for massage therapy and a determination of whether the establishment is in compliance with the laws and rules governing the establishment's operation, facilities, personnel, safety, and sanitary requirements. *C*. Failure to cooperate with such inspections may lead to disciplinary action.

Date			
Establishment Number			
Owner Name:			
Establishment Name			
PREVIOUS Address			
Address			
City	State	Zip	
NEW Address			
Address			
City	State	Zip	
	<u> </u>		•
Print Name:		Date:	
Signature:			