
2nd Professional Location Name

Street Address (Post Office Box not acceptable.)

City

State

Zip

Phone

3rd Professional Location Name

Street Address (Post Office Box not acceptable.)

City

State

Zip

Phone

4th Professional Location Name

Street Address (Post Office Box not acceptable.)

City

State

Zip

Phone

Is a trial pending for, or have you ever been convicted, pled guilty or no contest to:

Any type of felony: Yes _____ No _____

Any sexually related misdemeanor: Yes _____ No _____

If "Yes" to either, give details and submit any relevant documents (court documents, arrest records, etc...) for review.

Applicant confirms that all of the statements and representations contained in the application form are true and correct and understands that if any such statements 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 the responsibility to keep applicant's license current and stay informed of any changes in the law, rules and regulations and policy relative to Massage Therapy in this state.

Signature of Licensee

Date