

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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Louisiana Professional License **Re-Instatement** Registration
\$575.00 Cashier's Check or Money Order Only – Payable to LBMT
24 C.E.U's completed within the current licensure year

Questions: info@labmt.org

1. Registration

Approved applicants must register their license within 45 days from the date in which their application was approved. If past 45 days, the application process will need to be completed again. Incomplete registration forms will be returned. **The board office may contact the registrant for clarification if needed on any information submitted. If the board office requires review by the board members, the registrant will be notified in writing.** This registration form is processed manually at the office and cannot be completed online. **An approval email will be sent once the registration is processed.** After approval, the license will be available for printing from your personal dashboard.

2. Laws, Rules & Standards

As a professionally licensed massage therapist you are **solely responsible for understanding all LAWS, RULES AND STANDARDS.**

3. Once Registered

It is the responsibility of the Licensed Massage Therapist to **read notifications received via email and or USPS as well as the website for changes in processes, policies, laws, rules and standards.** It is the responsibility of the Licensed Massage Therapist **to respond to any correspondence sent via email or USPS from the Board office in the timeframe required if requested to do so.**

4. Continuing Education (C.E.U's)

In order to re-register your license 24 (twenty-four) continuing education hours are required. **It is the Licensed Massage Therapists responsibility to only take Louisiana State Approved** continuing education as shown on the LABMT website and that certificates submitted have the required approved LCEU# on the certificate.

5. Working Location (Establishment Registration / License)

If you intend to provide massage services at any establishment, you must provide information for each location where you will work. It is also required that your individual license be displayed in plain sight at each location where you work. Title 46, Professional & Occupational Standards, Part XLIV, Massage Therapists, Chapter 29, §2901 (A) requires that if there is a change in name, location and/or ownership of licensure such change must be reported to the board in writing within 30 days of the change. A reporting form is available on the website or may be obtained from the office. If you work from home or provide mobile massage services, you will use your home address and have in your possession your license identification card at all times. It is the licensed massage therapist responsibility to understand all Laws, Rules and Standard regarding the different Establishment Registrations/Licenses required. No therapist shall work and an unlicensed establishment.

Contact Information

First		Initial		Last	
Email					
Phone Number					

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

Street					
Suite/Apt#		City			
State				Zip	

Mailing Address:

Street					
Suite/Apt#		City			
State				Zip	

Name of Professional Location #1

-If you have no other address at which you are working, please put your home address in this location.

Home (P.O. Box will not be accepted) Hide this location from searches **Yes** **No**

Street					
Suite/Apt#		City			
State				Zip	

Professional Location #2 **Hide this location from searches** **Yes** **No**

Establishment Name				Establishment #	
Establishment Address					
Suite #		City		State	Zip
Business Phone					

Professional Location #3 **Hide this location from searches** **Yes** **No**

Establishment Name				Establishment #	
Establishment Address					
Suite #		City		State	Zip
Business Phone					

Professional Location #4 **Hide this location from searches** **Yes** **No**

Establishment Name		Establishment #	
Establishment Address			
Suite #		City	
		State	
Business Phone			

Professional Location #5 **Hide this location from searches** **Yes** **No**

Establishment Name		Establishment #	
Establishment Address			
Suite #		City	
		State	
Business Phone			

Professional Location #6 **Hide this location from searches** **Yes** **No**

Establishment Name		Establishment #	
Establishment Address			
Suite #		City	
		State	
Business Phone			

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NOTICE REGARDING OFFICE HOURS AND DOCUMENTATION PROCESSING

Any documentation that requires processing is processed in the order received. We will gladly accept paperwork at the office during **HOURS OPEN TO THE PUBLIC, these hours are located on our website 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/documents are processed **IN THE ORDER RECIEVED**. For this reason, the office **CANNOT PROCESS OR REVIEW DOCUMENTS FOR ACCURACY WHILE YOU WAIT**. It is advised that applications **be mailed to the office. HAND DELIVERING DOCUMENTS WILL NOT EXPEDITE PROCESSING**. Completing documentation 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.

I certify that:

The undersigned 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.

Print Name: _____

Date: _____

Signature: _____