



## Louisiana Board of Massage Therapy

2645 O'Neal Lane, Bldg. C, Ste. E 🌸 Baton Rouge, LA 70816  
225-756-3488 🌸 [www.labmt.org](http://www.labmt.org)

### Louisiana Application for License

Non-Refundable Application Fee - \$75.00

Cashier's Check or Money Order *only* payable to LBMT

#### Application Instructions and Required Documentation for the *first step* in becoming a Louisiana Licensed Massage Therapist

**1. Application** – Must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which affidavit 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.

**2. Application fee of \$75.00** – Cashier's Check or Money Order *only* payable to LBMT. This initial fee covers only the processing of the 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 original 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.

#### **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).**

**4. Official Transcript** – 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** 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.**

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.

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. National Exam** – Applicant must present proof of passing a National Exam and/or MBLEx no more than two years before the date the license application is filed. (Title 46 Part XLIV. Chapter 13, §1301). Proof of passing the exam must be received **directly from the examination agency.**

**6. Photo** – Enclose one (1) **2” x 2”** color photo of yourself on photo paper. For example, passport size photo.

**7. 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. If seeking licensure in Louisiana through reciprocity, the education requirements of item 4 and National Exam requirements of Item 5 above are modified. Compliance with items 1, 2, 3 and 6 are required and in addition the following information must be provided:

- Enclose a copy of **all** your current, active massage therapy licenses which have been issued in your name.
- A completed license verification from each state in which you have been issued a license.
- Documentation of passing a National Exam and/or MBLEx must be provided directly from the testing agency. Details relating to the exam (item #8, page 4), must be completed.
- Official, original and certified transcript showing compliance with the educational requirements of the licensing state.

**8. 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. Enclose all relevant documentation.

\_\_\_\_\_ I have not received a dishonorable discharge from the Military.

**PLEASE TYPE OR PRINT LEGIBLE THE INFORMATION BELOW. ALL QUESTIONS MUST BE ANSWERED.**

1. Name:

\_\_\_\_\_

First	Middle	Last
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2. Date of Birth: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

5. Mailing Address: \_\_\_\_\_  
Street / P.O. Box

\_\_\_\_\_  
City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell :(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

6. a. How long have you resided in the State of Louisiana? \_\_\_\_\_  
(Ex. days/weeks/months or years)

b. If you have resided in Louisiana for less than 5 years, where did you reside before  
moving to Louisiana? \_\_\_\_\_  
(State / States)

c. How long did you live in that state/states? \_\_\_\_\_  
(Ex. days/weeks/months or years)

7. Information regarding Massage Therapy School from which you graduated or received a  
diploma:

a. Name of School: \_\_\_\_\_

b. Location of School: \_\_\_\_\_  
(City and State only)

8. National Exam and/or MBLEx – Proof of passing must be received directly from the  
testing agency by LBMT.

a. Name of test taken: \_\_\_\_\_  
(Ex. MBLEx, NCBTMB, etc.)

b. Date taken and passed: \_\_\_\_\_

c. Date requested documentation of passing from testing agency: \_\_\_\_\_

9. List all states in which you have ever been issued a massage therapy license and provide a license verification for each: \_\_\_\_\_

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10. Do you have a trial pending, 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", provide details on a separate sheet and submit any relevant documents (court pleadings, arrest records, etc.) to be reviewed.

11. Have you been refused a professional license by any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

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12. Have you ever had a certificate or professional license refused, revoked, suspended, encumbered or otherwise restricted? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

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**Additional Information:** The *completed* application package may be mailed to the address listed at the top of the application form or hand delivered to a staff member at the board office during normal business hours. Applications are processed in the order received and due to verification requirements, applications are not reviewed or processed while you wait. It is the applicant's responsibility to verify that *all documentation* required for this application is included in the package.

**\*\*\*Applicant should confirm that a response has been included to questions #1 - #12 above. Failure to respond to each item may result in the application being returned as being incomplete.\*\*\***

After review, the applicant will be notified by email and/or U.S. Mail if additional information is needed. Once approved, an official notice will be sent advising that the applicant may be licensed upon submission of the "Professional License Registration" form and payment of the license fee within 45 days of the date of the letter.

If you have questions in reference to completing this application, please contact the office at [admin@labmt.org](mailto:admin@labmt.org) or 225/756-3488.

### Verifying Affidavit

The undersigned applicant does hereby confirm that 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 and understands the rules and regulations 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 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 the practice of Massage Therapy in the State of Louisiana.

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

\_\_\_\_\_  
**Date**

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

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

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

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

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

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

My Commission expires \_\_\_\_\_

SEAL