

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



Louisiana Board of Massage Therapy

9619 Interline Avenue, Suite B
Baton Rouge, LA 70809
225-756-3488 www.labmt.org

Name Change Form for LMT License

Rule Chapter 29§2901(A) requires notice to the board of a name change. This form is to be used by licensed massage therapist if there has been any legal change in their name and a new name is to be reflected on their license. Notice of name change should be provided to the board within 30

DOCUMENTS SUBMITTED WILL NOT BE RETURNED. KEEP A COPY FOR YOUR RECORD.

Date	
Current Name on File	
License Number	
Legal Name to be Changed	
Email Address	
Phone Number	

****Legal documentation of the name change or current updated Driver's License must be attached***

I hereby certify that I am the person referred to on this form and that the information provided is true and correct to the best of my knowledge

Signature: _____

Date: _____

