

# 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](http://www.labmt.org)  
To contact the office via email: [admin@labmt.org](mailto:admin@labmt.org) / [Info@labmt.org](mailto:Info@labmt.org)  
For appointment Scheduling: 225-756-3488

Kindest regards,

Louisiana Board of Massage Therapy



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Louisiana Application for Licensure – **NEW APPLICANT**  
**Non-Refundable Application Fee - \$75.00**  
**Cashier's Check or Money Order Only – Payable to LBMT**

1. **Application**

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. Application must be completed by the applicant listed unless a third party authorization form is included. All questions must be answered or the application will be returned. Incomplete applications will also be returned. **The board office may contact the applicant if clarification is needed on any information submitted. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing.** Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application.

2. **Application fee of \$75.00**

Cashier's Check or Money Order only, SIGNED & PAYABLE to LBMT. This initial fee covers the processing of this 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 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.** Background checks must be obtained from a state police agency or the FBI. If there are any charges within the last five years.

a. **Time Requirements** - The background history must be dated within six months of the date the application is submitted and must cover at least the preceding five-year period of time.

b. **Louisiana Residents – Living in Louisiana 5 Years or More**

Applicants who have lived in Louisiana for 5 years or more can obtain their background check from the Louisiana State Police, through the Bureau of Criminal Identification and Information, within the Department of Public Safety and Corrections. 225-925-6095. <https://www.lsp.org/services/background-checks/> OR through the Federal Bureau of Investigation of the United States Department of Justice ("FBI") <https://www.edo.cjis.gov/#/> or an FBI-Approved Channeler as listed on the FBI website.

c. **Out of State Applicants Living Outside of Louisiana for Less Than 5 Years**

Applicants who are moving to Louisiana or have not lived in Louisiana can obtain a background check through the Federal Bureau of Investigation of the United States Department of Justice ("FBI") <https://www.edo.cjis.gov/#/> or an FBI-Approved Channeler as listed on the FBI website. As an alternative to the FBI background check, applicants can obtain a Louisiana criminal history record as well as a criminal history record from your current state of five years or each state resided in to cover the 5 year period.

4. **Background Disclosure Information**

The Louisiana Board of Massage Therapy may use the criminal convictions of applicants as a basis for denial of an application for licensure. The Board is required to consider the following factors in deciding whether to grant a license to an applicant with one or more criminal convictions: (1) the nature and seriousness of the offense(s); (2) the nature of the specific duties and responsibilities for which the license is required; (3) the amount of time that has passed since the conviction(s); (4) facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

**Questions concerning obtaining a criminal background history record should 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](http://www.fbi.gov)) or <https://www.edo.cjis.gov>**

**5. Official Transcript/Educational Hourly Standards**

- a) 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 which 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.
- b) 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. If the credit to clock hour conversion is not included, the application will be returned.
- c) 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.

**6. Online Courses**

**Documentation regarding any online courses must be included with the original transcript.** This includes each class that was taken online as well as the number of clock hours for each course. If not indicated on the transcript, an official letter from the school registrar will need to accompany any original transcript indicating which courses were taken online along with the contact information for the registrar/school for verification.

**7. National Exam**

Applicant must present proof of passing a National Exam and/or MBLEx (Title 46 Part XLIV. Chapter 13, §1301). Proof of passing the exam must be received **directly from the examination agency.**

**8. Photo**

Enclose one (1) 2” x 2” Passport Photo

**9. Identification**

Enclose a copy of a government issued ID. Military ID, Driver’s License and or Official State ID

**10. Military or Military Spouse – Military or Military Spouse – Please see the military application located on the website**

**11. Third Party Authorization**

If this application is completed by any individual other than the applicant listed, a Third Party Authorization form is required. This form is located on the LBMT website on the download forms page under “other forms”.

**PLEASE TYPE OR PRINT (legibly) THE INFORMATION BELOW.  
ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED**

**12. Name, Date of Birth, Social Security #**

First		Middle Initial		Last	
Preferred Name – name used if other than legal name					
Date of Birth		Social Security #			
Phone # (1)		Phone # (2)			

**13. Profiles for the LABMT website will be created by the office based your personal email address. Do NOT create an additional profile through the website**

Email Address:	
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**14. Home Address. This must be a place of residence – cannot be a place of business**

Street					
Suite/Apt#		City			
State				Zip	

**15. Mailing Address Use Home Address: Yes**

Street					
Suite/Apt#		City			
State				Zip	

**16. Residency / Identification – Enclose a copy of a government issued ID**

- a) Are you currently a U.S. citizen **Yes** **No**
- b) Are you currently a resident of Louisiana? **Yes** **No**  
If Yes – How long have you lived in Louisiana. (days/weeks/months or years) \_\_\_\_\_
- c) If not a resident of Louisiana, which state do you currently hold residency? \_\_\_\_\_

**17. List all States in which you have lived for the last 5 years including how long.**

State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	

**18. Massage Therapy Education:**

**Is this school currently open?                      Yes                      No**

\*If YES - please provide the phone number and website of the school if applicable.

Name of School	
Location: (City/State)	
Attendance Dates: (Start Date – End Date)	
*Phone Number of School	
*Website if applicable	

**a.) Online Education**

**Documentation regarding any online courses must be included with or on the original transcript.** Including the number of **clock hours** of online and in-person courses. This includes each course listed on the transcript. If not indicated on the transcript, an official letter from the school registrar will need to accompany any original transcript indicating which courses were taken online and which courses were taken in person.

**Online Education**

- |                                |            |           |                          |
|--------------------------------|------------|-----------|--------------------------|
| No courses were taken online   | <b>Yes</b> | <b>No</b> |                          |
| Some courses were taken online | <b>Yes</b> | <b>No</b> | Total Clock Hours: _____ |
| All courses were taken online  | <b>Yes</b> | <b>No</b> | Total Clock Hours: _____ |

**19. National Exam:                                      MBLEx                                      National Exam**

\*Exam verification must be sent directly to the LBMT office\*

Date Exam Taken & Passed	
Date the exam verification was requested to be sent to the LBMT office	

**20. Have you ever held a massage therapy license in another state?                      YES                      NO**

21. Have you ever had any Massage License suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy                      **YES**                      **NO**  
**If YES, please explain: Use additional sheet**

**22. Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to:**

- a) Any type of felony:                                      **YES**                      **NO**
- b) Any type of sexually related misdemeanor:                      **YES**                      **NO**
- c) **If “Yes”** provide details on a separate sheet and submit any relevant documents (all court pleadings, arrest records, probation documents etc.) to be reviewed. Not providing this information will delay processing. If uncertain please contact the office.
- d) Have you ever been refused, revoked, suspended, encumbered or otherwise restricted **any** professional license by any state?  
**Yes                      No                      If “Yes”** what were the circumstances, please explain on additional sheet

23. **Third Party Authorization**

**Was this application completed by anyone other than the applicant listed? Yes No**  
*If YES, include the Third Party Authorization form with this application. This form is located on the LBMT website on the download forms page under "other forms".*

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**ADDITIONAL INFORMATION**

- Incomplete applications will be returned along with a notice indicating the reason for return.
- Copies cannot be accepted
- It is the applicant’s responsibility to understand all rules, laws and standards BEFORE submitting the application. If you have any questions please contact the office for assistance.
- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- Correspondence will be sent via email or USPS to the address listed on this application. It is the responsibility of the applicant to review any emails or documentation sent via USPS from the board office and to respond accordingly. If you are not receiving notifications from the board office via email, please check your email spam folder.
- If your application is approved an official notice will be sent via email to the email address on this application advising that the applicant can now register their license through the website by using the “Professional License Registration” link. Approved applicants will have to register their license within 45 days from the date the email\letter was received.
- After the “License Registration” is processed and email notification will be sent and the license can be printed from your dashboard on the LABMT website

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**DOCUMENTATION PROCESSING**

Please mail your completed application to the address listed on the first page. All applications are processed in the order received. **For this reason, the office cannot process or review applications if dropped off at the office.** Make copies of this application for your records. The office cannot make copies unless a money order is received in the amount of .25 cents per page. Please contact the office should you have any questions, we are happy to assist.

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**CHECK LIST**

Completed Application	Cashiers Check/Money Order \$75.00 payable to LBMT
Background Check	Official Transcript
National Exam Sent From Agency	2 X 2 Passport Photo
Identification	Third Party Authorization if Applicable
Signed / Notarized Affidavit	All Questions Answered

**Verifying Affidavit**

The undersigned applicant does hereby confirm to be the person named on this application, 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 laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). If the application was not completed by the listed applicant, a third party authorization form is enclosed. 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 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 denied, 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.

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

Notary Public

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

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

My Commission Expires \_\_\_\_\_

**SEAL**