



## Louisiana Board of Massage Therapy

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

### Louisiana **Professional License Registration**

#### **Registration Fee: First Year Pro-rated Fee**

The fee is determined by the month in which the registration is submitted.

**April – August = \$125.00      September – December = \$80.00**

**January – March = \$75.00**

**Cashier's Check or Money Order Only – Payable to LBMT**

Questions: [info@labmt.org](mailto:info@labmt.org)

#### **1. Know the Law**

As a professionally licensed massage therapist, you are solely responsible for understanding all Laws, Rules, Regulations and Standards that govern the profession of massage therapy in Louisiana. Visit the Louisiana Law link on the LBMT website. <https://www.labmt.org/law>

#### **2. Registration**

Approved applicants must register their license within **45 days** from the date in which the application was approved. If past 45 days, the application process will need to be completed again. Registrations can be done online through your personal LABMT account or by completing this form and mailing to the office.

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. An approval email will be sent once the registration is processed. After approval the license will be available for printing from your personal dashboard.

#### **3. Once Approved**

It is the responsibility of the Licensed Massage Therapist to read notifications received via email and/or USPS as well as the visit the website regularly 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 in the timeframe required if indicated. Information will be sent to the email/ mailing address submitted to the board and on record.

#### **4. Notification Changes**

Licensees are required to notify the Board office of any changes regarding working locations, address/email changes, name changes etc.. Please visit the download forms page on the LBMT website under Massage Therapist for more information.

#### **5. Renewals & Continuing Education (C.E.U's)**

First year applicants are not required to take CEU's their first year. After the first year it is the Licensees 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. Each license expires March 31st each year regardless of when the initial registration was completed. Each Licensed Massage Therapist has 3 months to renew their professional license between January 1<sup>st</sup> and March 31st, this is ample time to renew your license so no extensions or waivers can be given.

#### **6. Working Location (Establishment Solo Practitioner Registration / Establishment License)**

Before working, visit the labmt.org website, Massage Establishments, "FAQ's Massage Establishment" page to ensure you are in compliance in regards to your working location. <https://www.labmt.org/site431.php>. As a reminder, it is a violation of the law to work at 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 were 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**

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

**Professional Location #3**

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

**Professional Location #4**

<b>Establishment Name</b>		<b>Establishment #</b>	
<b>Establishment Address</b>			
<b>Suite #</b>		<b>City</b>	
		<b>State</b>	
<b>Business Phone</b>			

**Professional Location #5**

<b>Establishment Name</b>		<b>Establishment #</b>	
<b>Establishment Address</b>			
<b>Suite #</b>		<b>City</b>	
		<b>State</b>	
<b>Business Phone</b>			

**I certify that:**

Registrant confirms to obey the laws, rules and standards of this state and maintain the honor and dignity of the profession Registrant further confirms that all of the statements and representations contained in the registration 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: \_\_\_\_\_