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 <a href=

For appointment Scheduling: 225-756-3488

Kindest regards,

Louisiana Board of Massage Therapy



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Louisiana Application RENEWAL Establishment License

RENEWAL Application Fee \$100.00

Renewal Season: January 1st - March 31st.

Any application Received or Post Marked after March 31st will require a \$100.00 Late fee

Cashier's Check or Money Order Only - Payable to LBMT

DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.

All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment

No massage establishment shall operate without an establishment license. A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy.

Notice Regarding Inspections:

Licensed and Unlicensed Establishments. A. The board may make periodic inspections of all massage establishments, including licensed and/or unlicensed massage establishments. B. Such inspections may include, but need not be limited to, confirmation that the site is being utilized for massage therapy and a determination of whether the establishment is in compliance with the laws and rules governing the establishment's operation, facilities, personnel, safety, and sanitary requirements. C. Failure to cooperate with such inspections may lead to disciplinary action.

1. Notifications/Status updates

During the renewal process email notifications will be sent to the email address on file with status updates. **Received:** Indicates that your application was **received only**. This email does not mean your application was approved.

Approved: Indicates that your license was successfully renewed and available to print from your dashboard **Denied:** Indicates that there were issues with your renewal and the application was not approved. For this reason, it is advised that licensees submit their renewals no later than 72 hours prior to March 31st so ample time will be available to make any correction and avoid the \$100.00 late fee.

2. Responsibility of each licensee

It is the sole responsibility of the licensee to verify each status of the renewal process. If you do not receive the initial email indicating your renewal was "received" first check your junk/spam folder then email info@labmt.org to confirm receipt. Any denied renewal submitted that is not corrected by March 31st will require a \$100.00 late fee. Please submit your renewal at least 72 hours prior to the deadline of March 31st.

3. Extensions & Waivers

It is the Board's stance that based on the law, that NO EXTENSIONS or WAIVERS be given in regards to renewals regardless of the circumstances. Each Licensed Massage Therapist has 3 months to renew licenses between January 1st and March 31st, this is ample time to renew your license. It is advised that licensees submit their renewal no later than 72 hours prior to March 31st.

Date	
Establishment Number	
Establishment Tax ID #	
Name of Owner/Legal Agent	

Establishment Name:							
DBA Name (if applicable)							
Establishment Phone Number	er	Fax Number					
Email Address							
Establishment Website Addr	ess						
Establishment Address							
City	·	State		Zip			
Use Address Listed Above	Yes	·					
Establishment Mailing Addre	1						
City		State		Zip			
List all massage th	ovovista ovovlov		location (Llocation	مرمانه: مسما	shoot if you	ار مار مار مار	
List all massage the	erapists employ	yed at this i	ocation - (Use a	additional	sneet, if nee	eaea) 	
1. Name as listed on license				Lice	nse Number		
2. Name as listed on license					License Number		
3. Name as listed on license				Lice	nse Number		
4. Name as listed on license						License Number	
5. Name as listed on license				Lice	nse Number		
6. Name as listed on license						License Number	
7. Name as listed on license					License Number		
8. Name as listed on license					License Number		
9. Name as listed on license						License Number	
10. Name as listed on license					License Number		
		Verifying A	Affidavit				
The undersigned does hereby certify to be the person referred to on the application as the owner or legal agent and that the statements contained herein are true and correct. The undersigned further acknowledges the responsibility to operate this establishment in a safe and sanitary manner. The undersigned further certifies to have read the Louisiana Revised Statutes Title 37. Professions and Occupations Chapter 57. Massage Therapists and Establishments and RULE Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS Part XLIV. Massage Therapists and will comply with all requirements set forth therein.							
Print Name:	Date:						

Signature:__