

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



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Louisiana Application RENEWAL Establishment Registration (Solo Practitioner)

No Renewal Fee Unless Late

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

To renew online visit LABMT.ORG

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 5 days prior to the deadline of March 31st to allow time to correct if denied.

Date			
Name as listed on Professional license		License Number	

Establishment Name:		Establishment #	
DBA Name (if applicable)			
Establishment Phone Number		Fax Number	
Email Address			
Establishment Website			

Establishment Address					
City		State		Zip	

Establishment Tax ID # or Last 4 of Social	
Name of Owner/Legal Agent	

Use Address Listed Above Yes

Establishment Mailing Address					
City		State		Zip	

Verifying 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: _____