

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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LABMT Request to return to **Active Status**

Fee: **\$125.00**

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

Questions: info@labmt.org

Request to Return to Active Status

Pursuant to La. R.S. 46, Part XLIV, Chapter 17, §1701 E, in order to move from Inactive Status to Active Status, the following provisions are applicable:

1. The therapist must submit this Request to Return to Active Status form together with payment of a license renewal fee in the amount of \$125.00 as provided in R.S. 37:3562 and a completed Professional License Renewal form.
2. Licensee must submit evidence of having completed a minimum of 24 hours of continuing education units within two years of the date of this application. Certificates must be attached
3. Your date to return to active status is the date this form is received at the board office and approved.

Today's Date	
License Number	
Date of Inactive Status	

Contact Information:

First		Last			
Street				Suite/Apt#	
City		State			Zip
Email				Phone Number	

By signing below, the undersigned applicant declares that the above and foregoing information is correct and acknowledges an understanding of the provisions of La. R.S. 46, Part XLIV, Chapter 17, § 1701 E, as noted above, that apply to return to active status and certifies that applicant has not engaged in the practice of massage therapy for compensation while on inactive status.

Print Name: _____

Date: _____

Signature: _____