



Louisiana Board of Massage Therapy
9619 Interline Ave
Suite B
Baton Rouge, LA 70809
225-756-3488
www.labmt.org

LAPSED LICENSE APPLICATION

Non-Refundable Application Fee - \$75.00

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

Questions: info@labmt.org

Effective 9/9/2024 – For security reasons, The Louisiana Board of Massage Therapy **can no longer accept walk-ins at the office**. All visitors will be required to schedule an appointment in advance. As a state office, all visitors are required to show a government issued ID upon arriving.

Do you currently have a Lapsed License in the State of Louisiana for Massage Therapy?

YES NO

Therapists whose licenses are currently in lapsed status may qualify to return to active status.

Has your Louisiana license been suspended, revoked or restricted in any way?

YES NO

If **YES**, you may not be eligible to have your lapsed license reinstated and or may require approval from the board. Please contact the office before completing this application.

Do you have a massage license in another state(s) that has been current and active for 5 consecutive years with no suspensions, revocations or restrictions?

YES NO

If **YES**, you may qualify for application under Reciprocity. Please review the Reciprocity application on the website or contact the office for clarification.

Application Instructions

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 re-licensed and must then submit a "Professional Lapsed License Registration" form and pay all applicable fees.

3. Background Check - Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The criminal background history must cover a period of at least five years preceding the date of the application.

- a) The background process is initiated by enrolling through **Identogo** using the **unique service code** for the Louisiana Board of Massage Therapy. A **Background Authorization Form** is also required with this application authorizing the LBMT designee to access your background check electronically. Please see the attached instructions for both Louisiana residents and out-of-state applicants included with this application. If you have any questions, please contact Identogo for assistance. 844-539-5543

- b) **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).

4. **Louisiana License Verification**

The LBMT office will exhaust all resources to assist in confirming previous licensure however, the burden of proof lies solely on the applicant. Lapsed licensees should call the office prior to completing this application if they are unable to provide a copy of their old license. If the applicant is unable to provide any of the required information and the original application file in the office has been archived, the lapsed licensee may not be eligible to return to active status. Any license that has been suspended, revoked or restricted may not qualify or may require approval by the Board. If you have any questions please contact the office.

5. **Current Photo**

Enclose one (1) 2" x 2" passport photo

6. **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".

7. **Lapsed License Registration**

If the application is approved your license will need to be registered. Lapsed license registrations are processed manually in the office and shall include, 24 Board approved C.E.U's (taken within the current licensure year) along with a \$575.00 Cashier's Check or Money Order. As a reminder, a full list of Board approved C.E.U's are located on the LABMT website.

PLEASE TYPE OR PRINT (legibly) THE INFORMATION BELOW.

ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED

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

First		Middle Initial		Last	
Date of Birth			Social Security #		
Phone Number					

2. **Email Address**

Email Address:	
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- a) **Is this email the same email submitted upon initial licensure?** **Yes** **No** **Not Sure**

Please note – If your email address has changed your profile will be updated by the office using the above email address to link your previous account. Please do not create an additional profile.

3. **Home Address. This must be a place of residence – cannot be a place of business**

Street				
Suite/Apt#		City		
State		Zip		

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

Street				
Suite/Apt#		City		
State		Zip		

5. **Louisiana License Verification:**

If the applicant is unable to provide any of the required information and the original application file has been archived, the lapsed licensee may not be eligible for reinstatement. The burden of proof to show previous licensure lies solely on the applicant. Contact the office for assistance

- a) Lapsed license number: _____
Please provide copy of license if available
- b) First year of licensure: _____
- c) Lapsed year _____
If you are unable to provide the exact dates, please estimate

6. **Residency/Identification - Copy of Driver's License/Government issued identification must be provided**

- 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? _____
- d) Do you currently hold an active license in another state **Yes** **No**
 If Yes – Which State _____

7. **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	

8. **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 contact the LBMT office

9. **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 (court pleadings, arrest records, etc.) to be reviewed. Not providing this information will delay processing.
- 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. Provide details on a separate sheet

10. Background Check:

- a.) The background check process should be initiated prior to or at the same time the application is completed. Please provide the date the background check was requested to be sent to the LBMT office in the box below.

Date the Background Check was requested to be sent to the LBMT office	
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- b.) Complete the enclosed background authorization form and include with this application. This form authorizes the LBMT designee permission to receive the background check.

11. 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”.

IF APPROVED

- Your lapsed license approval letter and license registration form **will be emailed/mailed** to the address listed on this application.
- You must complete and return your lapsed license registration form within 45 days listed on the approval letter. If the lapsed license registration is not received or postmarked within the 45 days, the applicant must complete a new application.
- Lapsed license registrations are processed manually in the office and shall include, **24 Board approved C.E.U’s (taken within the current licensure year) along with a \$575.00 Cashier’s Check or Money Order. As a reminder, a full list of Board approved C.E.U’s are located on the LABMT website.**

ADDITIONAL INFORMATION

- Applications must be complete in order to be reviewed/processed. Copies will not be accepted. It is the **applicant’s responsibility** to ensure any documentation submitted to the board office be submitted correctly.
- 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.
- It is the responsibility of the applicant to review any emails or documentation sent via USPS from the board office and respond accordingly if additional information is needed.

DOCUMENTATION PROCESSING

Please mail your completed application to the address listed on the first page. All applications are processed in the order received. 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 call or email the office should you have any questions, we are happy to assist.

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



BACKGROUND CHECK AUTHORIZATION FORM
Louisiana State Police Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

APPLICANTS FULL NAME:

****PRINT – USE INK****** LAST FIRST MIDDLE

***INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:**

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____ RACE _____ SEX _____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

Revised 12/9/2024

Louisiana Board of Massage Therapy Background Check Instructions

Effective April 2025, the Louisiana Board of Massage therapy will be using a new statewide applicant processing system for criminal background checks. As a part of the new process, applicants will be required to schedule a fingerprint appointment at a location of their choosing with **Identogo**. There is a process for both in-state and out-of-state applicants. This new system is easy to use, but if you have any questions, **you can call Identogo for assistance or schedule an appointment at 844-539-5543.**

In-State Applicants

1. Please go to <https://uenroll.identogo.com> and use the following unique service code **27N68S**, which allows the system to identify which agency, is requesting the background check. You must enter this code when registering. If you do use the code specific to the LBMT, you will not be able to proceed. You are requesting a state and federal background check.
2. Select "Schedule or manage an appointment." Make an appointment at an office location and time that is convenient for you. This is a very simple process where you enter basic information and then select a date, time, and location for your appointment.
3. When you go to an Identogo office, your identity will be verified and your prints obtained via the Livescan technology.
4. You will pay Identogo directly for this service. Applicants may pay by credit/debit card, check or money order.
5. Once you have completed the appointment, the fingerprints are electronically submitted to Louisiana State Police (LSP) and the background check will be processed.
6. LSP will send the results via a secure interface to LBMT within approximately 3 days.
7. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
8. A list of identification documents needed is provided on the Fingerprint Service Code Form.

Out of State Applicants

The process is similar if you are applying from outside of Louisiana, in the United States, or from a country that has an Idemia office with the Livescan technology.

1. If you reside in a state with Idemia/Identogo services, you can schedule a Livescan print in the same manner for in-state applicants.
2. Pre-enroll for Livescan Processing at <https://uenroll.identogo.com> entering the unique service code **27N68S**.
3. Use the zip-code lookup to find the most convenient location for your fingerprinting process. If no location is available within 100 miles or you do not wish to visit the identified location, there is an option to switch to card scan processing.
4. If your state (or country) does not have Idemia/Identogo services you must obtain a printed fingerprint card from a local law enforcement agency and mail your prints in for card scan processing. This process is completed through the same website <https://uenroll.identogo.com>. To mail in cards you must pay for the service online and use the shipping label provided.
5. Livescan results should be available through the secure interface within 3 days. Results for mailed in cards should be available within 7 days.
6. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
7. A list of identification documents needed is provided on the Fingerprint Service Code Form.

Louisiana State Board of Massage Therapy Licensure -USE ONLY

IdentoGO®

Fingerprint Service Code Form

Service Name: Louisiana State Board of Massage Therapy Licensure

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

27N68S

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States



Don't have access to the Internet? You can still schedule an appointment by calling 844-539-5543.