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

Louisiana Application for Licensure

Welcome Home Act

Non-Refundable Application Fee - $75.00

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

Welcome Home Act – Implemented by Governor Jeff Landry, 6/10/2024

The Louisiana Welcome Home Act, may apply to applicants that hold an active license in another state that is in good standing for at least one year, have not taken the national exam, may not qualify for reciprocity and can provide proof of residency in Louisiana. Documents Sent with This Application Will NOT be Returned – Make Copies for Your Record

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.

1. **Welcome Home Massage Application Overview**
   If you have a current massage therapy license from another state that has been active for one year, is in good standing, and can show proof of residency in Louisiana, you **may** qualify for Louisiana licensure through the Welcome Home Act. As required by the Welcome Home Act, residency is confirmed by producing proof of one of the following: current Louisiana state-issued identification card, Louisiana state-issued voter registration card or Louisiana Homestead Exemption documentation. If the required information for residency cannot be provided at the time of application, a **notarized** Letter of Promise of Employment for the applicant or spouse must be submitted. A Letter of Promise of Employment allows for **temporary licensure** until proof can be provided to the Board within six months of license registration.

2. **Conditions of the Welcome Home Act**
   a. The applicant has a current license in another state, and that state holds the applicant in good standing
   b. The applicant does not have a disqualifying criminal record as determined by the Louisiana Board of Massage Therapy under state law
   c. If the applicant has a disciplinary action or investigation pending, the board in this state shall not issue or deny a license to the applicant until the disciplinary action or investigation is resolved or the person otherwise meets the criteria for a license in this state to the satisfaction of the Louisiana Board of Massage Therapy
   d. The applicant lives in Louisiana and provides proof of residency as required by the Welcome Home Act
   e. A person who obtains a license through the Welcome Home Act is subject to the laws and the jurisdiction of the Louisiana Board of Massage Therapy (located on the board's website – (www.labmt.org)
   f. A license issued under the Welcome Home Act does NOT make the licensee eligible to work in another state under an interstate compact or transfer to another state through reciprocity
   g. The Board shall provide an applicant with a written decision of approval or denial within **sixty-days** after receiving a completed application
   h. If approved, Louisiana licensure is only applicable during residency in Louisiana. Proof of residency is required at the time of renewal or at any time determined by the Board or Board office.
   i. The licensee, in writing, shall notify the board office if the licensee no longer resides in Louisiana within 30 days. Failing to do so may result in fines, penalties or disciplinary action by the Board.
   j. Should the licensee choose to return to Louisiana at a later date a new application and registration will be required.
   k. An applicant may appeal a board's decision of denial to a court of general jurisdiction as stated in Louisiana Act No.253, number §56. Appeal.

3. **Proof of Residency**
   An applicant transferring to Louisiana through the Welcome Home Act must show proof of Louisiana residency by producing at least **one of the following with this application**:
   a. Current Louisiana state issued driver's license
   b. Current official Louisiana identification card
   c. Louisiana state-issued voters registration
   d. Current Louisiana homestead exemption statement

   Any address showing proof of residency cannot be for a commercial business unless properly zoned for both commercial and residential living. **If the applicant is unable to provide proof of residency at the time of application a Notarized letter of Promise of Employment shall be included for the applicant or spouse.**

4. **Notarized Letter of Promise of Employment**
If an applicant cannot provide proof of residency as listed above, **a Notarized Letter of Promise of Employment** from the employer of the applicant or spouse shall be included with the application. A **Notarized Letter of Promise of Employment** is a signed written agreement between an individual and employer promising employment.

a. **Using a Notarized Letter of Promise of Employment for a Massage Therapist:**
A notarized letter of **Promise of Employment** is required with the application. The notarized letter shall include the massage therapists name, business name, owner name/manager or HR department head name, business address, business phone number, starting date of employment, and owner/manager or HR department head signature. Once the applicant has the Promise of Employment letter, it is the applicants responsibility to have the letter notarized. If the licensee intends to work at multiple establishments, a Promise of Employment Letter from each employer is required. If approved, a temporary license will be issued to work at the location(s) until proof of residency can be provided to the office. See conditions of temporary licensure below. Because a temporary license is only valid for six months, and requires proof of residency before the expiration date of the license - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after license registration.

b. **Using a Notarized Letter of Promise of Employment for the Massage Therapist's Spouse:**
An applicant can provide a spouse's notarized letter of Promise of Employment or spouse's proof of employment if the applicant does not have a Promise of Employment letter from a massage establishment. The notarized Letter of Promise of Employment for the spouse shall include the spouses name, business name, owner name/manager or HR department head name, business address, business phone number, starting date of employment, and owner/manager or HR department head signature. Once the applicant has the Promise of Employment letter for their spouse, it is the applicant's responsibility to have the letter notarized. If approved, the applicant will be issued a temporary license **but the license cannot be used until proof of residency or employment is provided**. See conditions of temporary licensure below. Because a temporary license is only valid for six months, and requires proof of residency before the expiration date of the license - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after license registration.

c. **Conditions of Temporary Licensure:**
If the application is approved through a Letter of Promise of Employment, a temporary licenses cannot be registered online, and will require a paper license registration form located on the LBMT website. (LBMT.org, Massage Therapists, Download Forms, "Professional License Registration Form"). Each temporary license is processed manually and will be emailed to the licensee unless requested to be sent via mail. All temporary licenses will be issued with a "W" license number and an expiration date of six-months from the issue date. The licensee will have six-months to provide proof of residency to the board office. Once proof of residency is received the license will be reissued with the regular "LA" license number and expire on March 31st regardless of issue date. If proof of residency cannot be provided by the expiration date, the license shall be invalid, will require a new application, registration, proof of residency and all applicable fees. Only one temporary license can be issued per applicant. Because a temporary license is only valid for six months and requires proof of residency before the expiration date - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after registration.

5. **Application Requirements**
   a. **Application fee of $75.00 –** Non-Refundable Cashier's Check or Money Order only, signed and payable to LBMT.
   b. Applications must be legible, all questions answered, and all documentation received for review. Incomplete applications will be returned, require resubmission, and payment. The Board office will contact the applicant via phone, email or USPS if clarification is needed regarding any information submitted. **If the board office requires an application to be reviewed by the Board, the applicant will be noticed via certified mail, regular mail, and or email to appear before the Board at the next scheduled Board meeting.**
   c. The Board office will use the contact information on this application to communicate with the applicant. The Board is not responsible for applicants that are non-responsive, and will only hold the application for 30 days. If the application is returned a new application is required along with payment.
   d. The signed and notarized verifying affidavit with this application must be dated within 30 days of the date the application is received at the LBMT Office.

6. **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 offence(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

7. **Photo -** Enclose one (1) 2" x 2" passport photo with this application

8. **Identification -** Enclose a copy of government issued ID, Military ID, Driver's License, and or Official State ID from current state of residency

9. **License Verification**
   a. An official verification from the transferring state's regulatory agency where your license is current. Verification **must be sent directly to the LBMT office from the issuing state via mail or email** – admin@labmt.org
   b. Copy of current issuing state license

10. **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 under "Massage Therapist Download Forms" page under "other forms".

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 # (1)		Phone # (2)			

2. **Profiles for the LABMT website are created by the office based on the email address provided below**

Email Address:	

3. **Home Address – LA address if residency is established. Other state address if residency has not been established.**

Street					
Suite/Apt#		City			
State				Zip	

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

Street					
Suite/Apt#		City			
State				Zip	

5. Are you currently a resident of Louisiana? **Yes** ☐ **No** ☐

   If not a resident of Louisiana, which state do you currently hold residency? _____

   If not a resident of Louisiana, when do you intend to move to Louisiana – Month/Year: _____

6. **List all States in which you have lived for the last 5 years including how long. (days/weeks/months or years)**

State		How Long : weeks/months or years	
State		How Long : weeks/months or years	
State		How Long : weeks/months or years	
State		How Long : weeks/months or years	
State		How Long : weeks/months or years	

7. List all states in which you have ever been issued a massage therapy license, and if each license is current or expired. Please list your license number.

State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	

8. **Have you ever owned a Massage Business in Louisiana or any other state?**

   YES ☐ **NO** ☐ If **yes**, please list on an additional sheet

9. **Have you ever had a Professional Massage or Business Massage License in any state suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy?**

   YES ☐ **NO** ☐ If **yes**, please explain on an additional sheet

10. **Do you have any disciplinary action or investigation pending in regards to the practice of massage therapy or owning a massage business?**

    YES ☐ **NO** ☐ If **yes**, please explain on an additional sheet

11. **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** ☐

If "Yes" provide details on a separate sheet (typed) and submit any relevant documents (court pleadings, arrest records, etc.) to be reviewed. Not providing this information will delay processing,

c) Have you ever been refused, revoked, suspended, encumbered or otherwise restricted any professional license or business license by any state?

YES ☐ **NO** ☐ If **YES** please explain on an additional sheet.

12. **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	

13. **License Verification**
    a. An official verification from the transferring state's regulatory agency where your license is current **must be sent directly to the LBMT office** from the issuing state via mail or email – admin@labmt.org.
    b. Copy of current issuing state license

14. **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".

ADDITIONAL INFORMATION

- Incomplete applications will be returned along with a notice indicating the reason for return. Copies cannot be accepted, original documentation only
- It is the applicant's responsibility to understand all rules, laws and standards for the practice of massage in Louisiana BEFORE submitting the application
- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- The Board office will use the contact information on the application to communicate with the applicant. The Board is not responsible for applicants that are non-responsive.
- If you are not receiving notifications from the board office via email, please check your email spam folder.
- If your application is approved an official notice will be sent via email to the email address on this application advising the applicant how to register their license
- Approved applicants must register their license within 45 days from the date the approval notice is dated. If the applicants registration is not received within 45 days. The application will be returned and a new application and payment is required.

Verifying Affidavit

The undersigned applicant understands that if a license is approved through the Welcome Home Act in the state of Louisiana the license does not make the person eligible to work in another state under an interstate compact or reciprocity agreement unless otherwise provided by law. The applicant understand that if approved the license issued for Louisiana is only applicable while a resident of Louisiana and the office shall be notified within 30 days upon change of residency. The applicant understands all terms and conditions of the issuance of licensure under the Welcome Home Act.

The undersigned applicant does hereby confirm to be the person named on this application and if completed by another individual has included the required third party authorization form. The applicant listed confirms to be 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). 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 further 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**.**