



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

LABMT Request to return to **Active Status**

Fee: **\$125.00**

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

Questions: [info@labmt.org](mailto: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.

|                                |  |
|--------------------------------|--|
| <b>Today's Date</b>            |  |
| <b>License Number</b>          |  |
| <b>Date of Inactive Status</b> |  |

**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: \_\_\_\_\_