

## **Louisiana Board of Massage Therapy**

9619 Interline Avenue, Suite B Baton Rouge, LA 70809

225-756-3488 <u>www.labmt.org</u>

## Request to Add or Remove a Massage Therapist From Establishment Location

## **KEEP A COPY OF FOR YOUR RECORD**

**Rule Chapter 29§2901(A)** requires notice to the board identifying all therapists working at an establishment. This form is to be used by Establishments to identify therapists who have been added or who no longer work at a business location

This notice must be made within 30 days of the occurrence.

Establishment N	ame:				Establishment #		
Establishment (	wner/Legal Age	nt Name			•		
Contact Email A	ddress						
Establishment F	hone Number						
Establishment A	ddress						
City				State		Zip	
Mailing Address (if different than above)							
City	:у			State	Z		
Request To ADD a Massage Therapist to this Establishment							
Request to ADD a Massage Merapist to this Establishment							
Therapist Name		cense #	Effective Date		2		
Therapist Name			Li	cense #	Effect	ive Date	9

Therapist Name	License #	Effective Date	
Therapist Name	License #	Effective Date	
Therapist Name	License #	Effective Date	
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Therapist Name	License #	Effective Date	
Therapist Name	License #	Effective Date	

## Request To **<u>REMOVE</u>** a Massage Therapist from the Establishment

Therapist Name	License #	Effective Date	
Therapist Name	License #	Effective Date	
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Therapist Name	License #	Effective Date	
Therapist Name	License #	Effective Date	
Therapist Name	License #	Effective Date	

Form Submitted by:	Owner/Legal Agent	Other
Print Name		Title
Signature		 Date