



## Louisiana Board of Massage Therapy

9619 Interline Ave

Suite B

Baton Rouge, LA 70809

225-756-3488

www.labmt.org

### Louisiana **Professional License Registration**

#### Registration Fee: First Year Pro-rated Fee

The fee is determined by the month in which the application is submitted

**April – June \$125.00**

**July-September \$93.75**

**October-December \$62.50**

**January – March \$31.25**

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

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

#### 1. Registration

Approved applicants must register their license within 45 days from the date in which the application was approved. If past 45 days, the application process will need to be completed again. Incomplete registration forms will be returned. The board office may contact the registrant for clarification if needed on any information submitted. If the board office requires review by the board members, the registrant will be notified in writing. An approval email will be sent once the registration is processed. After approval the license will be available for printing from your personal dashboard through the LABMT website.

#### 2. Once Approved

It is the responsibility of the Licensed Massage Therapist to **read notifications received via email and/or USPS as well as the website for changes in processes, policies, laws, rules and standards.** It is the responsibility of the Licensed Massage Therapist to **respond to any correspondence sent via email or USPS in the timeframe required if indicated. Information will be sent to the email/ mailing address submitted to the board.**

#### 3. Renewals & Continuing Education (C.E.U's)

First year applicants are not required to take CEU's their first year. After the first year it is the Licensed Massage Therapists responsibility to only take Louisiana State Approved continuing education as shown on the LABMT website and that certificates submitted have the required approved **LCEU#** on the certificate. Each license expires March 31st each year regardless of when the initial registration was completed. It is the Board's stance that based on the law, that **NO EXTENSIONS or WAIVERS** be given in regards to renewals. Each Licensed Massage Therapist has 3 months to renew their professional license between January 1<sup>st</sup> and March 31st, this is ample time to renew your license. If submitting online it is advised that each C.E.U's be uploaded individually and not as one file. During the renewal process email notification will be sent that include: **"Received"** Indicates that your application was received only. This email does not mean your application was approved. **Approved"** Indicates that your license was successfully renewed and available to print from your dashboard **"Denied"** Indicates that there were issues with your renewal, in most cases that the CEU's taken were **not** approved by the board and if that is the case an approved course will need to be taken.

It is the responsibility of the therapist to verify each status of the renewal process. If you do not receive the initial email indicating your renewal was "received" it is advised that you email [info@labmt.org](mailto:info@labmt.org) for verification. **Any denied renewal submitted that is not corrected by March 31<sup>st</sup> will require a \$100.00 late fee.** For this reason it is advised that you **submit your renewal at least 5 days prior to the deadline** of March 31<sup>st</sup> to make any corrections if needed.

#### 4. Working Location (Establishment Registration / License)

If you intend to provide massage services at any establishment, you must provide information for each location where you will work. It is also required that your individual license be displayed in plain sight at each location where you work.

**Contact Information**

First		Initial		Last	
Email					
Phone Number					

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

Street					
Suite/Apt#		City			
State				Zip	

**Mailing Address:**

Street					
Suite/Apt#		City			
State				Zip	

**Name of Professional Location #1**

If you have no other address were you are working, please put your home address in this location.

**Home (P.O. Box will not be accepted) Hide this location from searches**      **Yes**      **No**

Street					
Suite/Apt#		City			
State				Zip	

**Professional Location #2**

Establishment Name				Establishment #	
Establishment Address					
Suite #		City		State	Zip
Business Phone					

**Professional Location #3**

Establishment Name				Establishment #	
Establishment Address					
Suite #		City		State	Zip
Business Phone					

**Professional Location #4**

<b>Establishment Name</b>		<b>Establishment #</b>	
<b>Establishment Address</b>			
<b>Suite #</b>		<b>City</b>	
		<b>State</b>	
<b>Business Phone</b>			

**Professional Location #5**

<b>Establishment Name</b>		<b>Establishment #</b>	
<b>Establishment Address</b>			
<b>Suite #</b>		<b>City</b>	
		<b>State</b>	
<b>Business Phone</b>			

**I certify that:**

**Registrant confirms to obey the laws, rules and standards of this state and maintain the honor and dignity of the profession Registrant further confirms that all of the statements and representations contained in the registration 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 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.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_