



**Louisiana Board of Massage Therapy**

9619 Interline Avenue, Suite B

Baton Rouge, LA 70809

225-756-3488 www.labmt.org

**Louisiana License Verification Form**

To Complete This Form Online Visit [www.LABMT.Org](http://www.LABMT.Org)

**Signed Form must be Mailed/Emailed to the address/email above for verification to be processed.**

Date	
Professional License Number	

**Section I & II are to be completed by the requestor, Section III is to be completed by the LABMT office only**

**Section I**

Applicant Name					
Applicants Name on File with LABMT:					
Address					
City		State		Zip	

**Section II – WHERE TO SEND THE COMPLETED VERIFICATION**

Please Chose **ONE**

Please Send Via Email            YES            NO

Email Address	
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Please Send Via Fax            YES            NO

Fax Number	
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Please Send Via Mail            YES            NO

Name					
Address					
City		State		Zip	

**Section III – TO BE COMPLETED BY THE LABMT OFFICE STAFF ONLY**

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Original Licensure Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Current Status of license:**

Active	Lapsed	Inactive	Denied*
Suspended	Revoked	Disciplined*	Expired

*(\*Attached are the Facts, Findings & Decision)*

The Louisiana Board of Massage Therapy has no record or files for licenses that are lapsed for five years or more.

**Educational Requirements:**

Compliance with Louisiana Requirements as stated in Title 46 Part XLIV. Chapter 11, §1101 [B]. (The minimum 500 in-class hours shall consist of 325 hours dedicated to the study of massage therapy techniques and clinical practicum-related modalities, 125 hours dedicated to the study of anatomy and physiology, and 50 hours of discretionary related course work including, but not limited to, hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation (CPR) and first aid.)

**License/Registration/Certification Issued Based On:**

New Applicant                      Reciprocity                      Grandfathered

Testing:  
MBLEx                                  NCBTMB                                  NCCAOM

Other: \_\_\_\_\_

Name of LABMT Representative: \_\_\_\_\_

Signature of LABMT Representative: \_\_\_\_\_

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

(STATE SEAL)