



Louisiana Board of Massage Therapy

2645 O'Neal Lane, Bldg. C, Ste. E Baton Rouge, LA 70816
225-756-3488 www.labmt.org

Request to Return to Active Status

Your date to return to active status is determined by the date this form is received at the board office.

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. The therapist must submit evidence of having completed a minimum of 24 hours of continuing education units within two years of the date of this application.**

In connection with this request to return to active status provide the following information:

Name of Therapist requesting return to active status: _____

Current or last LBMT license number: _____

Date on which inactive status was taken: _____

Identify 24 hours of LBMT approved Continuing Education Units taken within 2 years of the date of this application:

<u>Name of Course</u>	<u>Hours of credit</u>	<u>Date Taken</u>
_____	_____;	_____
_____	_____;	_____
_____	_____;	_____

(Must also attach certificate of course completion furnished by CEU provider)

Current Contact Information (Please type or print legibly)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

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.

Signature Date