

Louisiana Board of Massage Therapy

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

225-756-3488



Jeff Landry
Governor

Notice: Changes in Office Policy Regarding Walk-Ins – **Appointments Only - Effective 9/9/2024**

For security reasons, the Louisiana Board of Massage Therapy **will no longer be accepting walk-ins at the office.** Visitors will be required to schedule appointments in advance and unfortunately, there can be no exceptions. At the time of scheduling, visitors will be required to provide the names of each person scheduled for the appointment. In addition, as a state office all visitors will be required to show a government issued ID upon arriving.

There will be no additional changes to the administrative functions of the office and office hours will remain the same. If you have any questions please continue to contact the office via phone or email; we are happy to assist.

As a reminder, most information and instructions can be located on our website or handled by phone call.

Website: www.labmt.org
To contact the office via email: admin@labmt.org / Info@labmt.org
For appointment Scheduling: 225-756-3488

Kindest regards,

Louisiana Board of Massage Therapy



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**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 Name: | | Establishment # | |
| Establishment Owner/Legal Agent Name | | | |
| Contact Email Address | | | |
| Establishment Phone Number | | | |

| | | | |
|-----------------------|--|-------|-----|
| Establishment Address | | | |
| | | | |
| City | | State | Zip |

| | | | |
|---|--|-------|-----|
| Mailing Address (if different than above) | | | |
| | | | |
| City | | State | Zip |



Request To **ADD** a Massage Therapist to this Establishment

| | | | | | |
|----------------|--|-----------|--|----------------|--|
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |

| | | | | | |
|----------------|--|-----------|--|----------------|--|
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |

Request To **REMOVE** a Massage Therapist from the Establishment

| | | | | | |
|----------------|--|-----------|--|----------------|--|
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| Therapist Name | | License # | | Effective Date | |
| 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

Printed Name