



Louisiana Board of Massage Therapy
9619 Interline Ave
Suite B
Baton Rouge, LA 70809
225-756-3488
www.labmt.org

Louisiana Application for Licensure- **Act No. 253**
Non-Refundable Application Fee - \$75.00
Cashier's Check or Money Order Only – Payable to LBMT

Welcome Home Act No. 253

The Louisiana Welcome Home Act applies to applicants that have held an active license in another state for at least one year, but have NOT Taken a National Exam

Documents Sent with This Application Will NOT be Returned – Make Copies for Your Record

Do you currently hold a license in another state that has been active for 1 year and is in good standing?

YES NO

If NO, you do not qualify for Act 253 and must wait to apply once your license has been active for one year or in good standing.

1. Welcome Home Act 253 Massage Application

- a. If you have a current massage therapy license from another state(s), which has been active for more than one year, but have NOT taken a National Exam you **may** be eligible for a Louisiana massage license through the Welcome Home Act.
- b. Applications must be legible, all questions answered and all documentation received in order to be reviewed. Incomplete applications will be returned. **The board office may contact the applicant if clarification is needed regarding any information submitted. If the board office requires an application to be reviewed by the Board members, the applicant will be notified in writing and email.** Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application. The signed and notarized verifying affidavit must be dated within 30 days of the date the application is received at the LBMT Office.

2. Application fee of \$75.00 – Non-Refundable

Cashier's Check or Money Order only, signed and payable to LBMT. If the application is approved, the applicant will be notified of eligibility to be licensed and must then complete the Professional License Registrations either by mail or through the website.

3. Background Check - Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The applicant must submit a criminal background history as part of the application. The criminal background history must **cover a period of at least five years preceding the date of the application.** Background checks must be obtained from a state police agency or the FBI. **If there are any charges within the last five years, please submit any relevant documentation, typed statement with this application and relevant court pleadings, arrest records etc.**

- a. **Time Requirements** - The background history must be dated within six months of the date the application is submitted and must cover at least the preceding five-year period of time.
- b. **Louisiana Residents – Living in Louisiana 5 Years or More**
Applicants who have lived in Louisiana for 5 years or more can obtain their background check from the Louisiana State Police, through the Bureau of Criminal Identification and Information, within the Department of Public Safety and Corrections. 225-925-6095. <https://www.lsp.org/services/background-checks/> **OR** through the Federal Bureau of Investigation of the United States Department of Justice ("FBI") <https://www.edo.cjis.gov/#/> or an FBI-Approved Channeler as listed on the FBI website.
- c. **Out of State Applicants Living Outside of Louisiana for Less Than 5 Years**
Applicants who are moving to Louisiana or have not lived in Louisiana can obtain a background check through the Federal Bureau of Investigation of the United States Department of Justice ("FBI") <https://www.edo.cjis.gov/#/> or an FBI-Approved Channeler as listed on the FBI website. As an alternative to the FBI background check, applicants can obtain a Louisiana criminal history record as well as a criminal history record from your current state of five years or each state resided in to cover the 5 year period.

- e. **Background Disclosure Information** - The Louisiana Board of Massage Therapy may use the criminal convictions of applicants as a basis for denial of an application for licensure. The Board is required to consider the following factors in deciding whether to grant a license to an applicant with one or more criminal convictions: (1) the nature and seriousness of the offense(s); (2) the nature of the specific duties and responsibilities for which the license is required; (3) the amount of time that has passed since the conviction(s); (4) facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

- 4. **Proof of Louisiana Residency** - An applicant transferring to Louisiana through Act 253 must show proof of Louisiana residency by producing one of the following:
 - a. Current Louisiana state issued driver's license
 - b. Current official Louisiana identification card
 - c. Louisiana state-issued voters registration
 - d. Current Louisiana homestead exemption statement

If none of the above can be provided at the time of application, a notarized Letter showing Promise of Employment of the applicant or spouse can be submitted. A temporary license will issued until and the applicant must provide proof of residency prior to the temporary license expiration date. Those approved through Act 253 cannot carry a license in the state of Louisiana if they leave Louisiana. Proof of residency will need to be submitted each year upon renewal.

5. **Official Transcript/Educational Hourly Standards**

- a) Applicant must submit an **original sealed transcript with their application**. The board shall verify the validity of transcript submitted as well as the validity of the school with the state's licensing or registration agency.
- b) The transcript should show hours required by Louisiana Law and substantially conform to the requirements in force of this state as determined by the Board. 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.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. To verify this requirement, a course catalog, course syllabus or course description from the school may be requested. It is highly recommended that applicants applying through Act 253 include a copy of a course catalog with the application to expedite processing.
- c) If the applicant is submitting an educational transcript from any school which does not allow a determination of "in-class" or clock hours, the school must submit information necessary to convert credit hours shown on the transcript into "class hours" to verify that the applicant has met the educational requirements of 500 in-class hours. It is the applicant's responsibility to obtain the necessary information to verify compliance with the educational requirements.
- d) In order to satisfactorily complete course requirements to be eligible for licensure, massage school students must have graduated from the school with passing grades and must have attended at least 90 percent of class hours in each subject matter offered in the supervised course of instruction, as reflected by attendance records taken at the beginning of each class meeting. To verify this requirement, attendance records may be requested.

- 6. **Online Courses** - Any online courses must be identified on the official transcript. If online courses are not listed on the transcript please provide, on a separate sheet, any courses taken online and the number of clock hours associated with each online course.

- 7. **Photo** - Enclose one (1) 2" x 2" passport photo

- 8. **Identification** - Enclose a copy of a government issued ID. Military ID, Driver's License and or Official State ID

- 9. **License Verification** - Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state via mail or email – admin@labmt.org

- 10. **Military Information** - Military or Military Spouse – Please see the military application located on the website

- 11. **Third Party Authorization** - If this application is completed by any individual other than the applicant listed, a Third Party Authorization form is required. This form is located on the LBMT website on the download forms page under "other forms".

**TYPE OR PRINT (legibly) THE INFORMATION BELOW.
ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED**

1. Name, Date of Birth, Last 4 digits of Social Security #

| | | | | | |
|---------------|--|-------------------|--|------|--|
| First | | Middle Initial | | Last | |
| Date of Birth | | Social Security # | | | |
| Phone # (1) | | Phone # (2) | | | |

2. Profiles for the LABMT website will be created by the office based your personal email address.

| | |
|----------------|--|
| Email Address: | |
|----------------|--|

3. Home Address. This must be a place of residence – cannot be a place of business

| | | | | | |
|------------|--|------|-----|--|--|
| Street | | | | | |
| Suite/Apt# | | City | | | |
| State | | | Zip | | |

4. Mailing Address Use Home Address: Yes

| | | | | | |
|------------|--|------|-----|--|--|
| Street | | | | | |
| Suite/Apt# | | City | | | |
| State | | | Zip | | |

5. Residency - Are you currently a resident of Louisiana? Yes No

If Yes – How long have you lived in Louisiana. (days/weeks/months or years) _____

If not a resident of Louisiana, which state do you currently hold residency? _____

If not a resident of Louisiana, when do you intend to move here? _____

6. List all States in which you have lived for the last 5 years including how long. (days/weeks/months or years)

| | | | |
|-------|--|----------------------------------|--|
| State | | How Long : weeks/months or years | |
| State | | How Long : weeks/months or years | |
| State | | How Long : weeks/months or years | |
| State | | How Long : weeks/months or years | |
| State | | How Long : weeks/months or years | |

7. Proof of Residency

An applicant transferring to Louisiana through Act 253 must show proof of Louisiana residency by producing at least one of the following:

- a. Current Louisiana state issued driver’s license
- b. Current official Louisiana identification card
- c. Louisiana state-issued voters registration
- d. Current Louisiana homestead exemption statement

If none of the above can be provided at the time of application, a notarized Letter showing Promise of Employment of the applicant or spouse can be submitted. A temporary license will issued and the applicant must provide proof of residency prior to the temporary license expiration date. Those approved through Act 253 cannot carry a license in the state of Louisiana if they leave Louisiana. Proof of residency will need to be submitted each year upon renewal.

8. Massage Therapy Education:

Is the school listed below still in operation? **Yes** **No**

*If yes - please provide the phone number and website of the school.

| | |
|--|--|
| Name of School | |
| Location: (City/State) | |
| Attendance Dates: (Start Date – End Date) | |
| Graduation Date: | |
| *Phone Number of School : | |
| *Website if applicable: | |

a) Online Education

Courses taken online must be listed on the school transcript indicating the number of clock hours of each online course. If not indicated on the transcript, the school must provide, on a separate sheet, any courses taken online and the number of clock hours associated with each online course. It is the sole responsibility of the applicant to ensure this information is submitted if online courses were taken.

b) Online Education

| | | | |
|--------------------------------|-----|----|--------------------------|
| No courses were taken online | Yes | No | |
| Some courses were taken online | Yes | No | Total Clock Hours: _____ |
| All courses were taken online | Yes | No | Total Clock Hours: _____ |

9. List all states in which you have ever been issued a massage therapy license, and if each license is current or expired. Please list your license number. Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state.

| | | | | | | | |
|--------|--|---------|--|---------|--|---------|--|
| State: | | Lisc. # | | Current | | Expired | |
| State: | | Lisc. # | | Current | | Expired | |
| State: | | Lisc. # | | Current | | Expired | |
| State: | | Lisc. # | | Current | | Expired | |
| State: | | Lisc. # | | Current | | Expired | |

Verifying Affidavit

The undersigned applicant understands that if approved through the Welcome Home Act, that the license is only valid in the state of Louisiana during residency and does not make the person eligible to work in another state under an interstate compact or reciprocity agreement unless otherwise provided by law.

The undersigned applicant does hereby confirm to be the person named on this application and if completed by another individual has included the required third party authorization form. The applicant listed confirms to be a citizen or legal resident of the United States, has the ability to read, write, speak and understand English fluently, and has read and understands the laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). Applicant further does hereby promise and confirm that if granted a license to practice as a Massage Therapist in the State of Louisiana, applicant will obey the laws of this State and maintain the honor and dignity of the profession.

Applicant further confirms that all of the statements and representations contained in the application form 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 denied, 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.

Signature of Applicant

Date

Printed Name of Applicant

State of _____

Parish / County _____

Sworn to and subscribed before me this _____ day of _____ in the year of 20_____.

Notary Public

Printed Name: _____ ID or Bar Roll# _____

My Commission Expires _____

SEAL