

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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Suite B
Baton Rouge, LA 70809
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www.labmt.org

Louisiana Application for Licensure

Welcome Home Act

Non-Refundable Application Fee - \$75.00

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

Welcome Home Act – Implemented by Governor Jeff Landry, 6/10/2024

The Louisiana Welcome Home Act, may apply to applicants that hold an active license in another state that is in good standing for at least one year, have not taken the national exam, may not qualify for reciprocity and can provide proof of residency in Louisiana. Documents Sent with this application Will NOT be Returned – Make Copies for Your Record

1. Welcome Home Massage Application Overview

If you have a current massage therapy license from another state that has been active for one year, is in good standing, and can show proof of residency in Louisiana, you **may** qualify for Louisiana licensure through the Welcome Home Act. As required by the Welcome Home Act, residency is confirmed by producing proof of one of the following: current Louisiana state-issued identification card, Louisiana state-issued voter registration card or Louisiana Homestead Exemption documentation. If the required information for residency cannot be provided at the time of application, a notarized Letter of Promise of Employment for the applicant or spouse must be submitted. A Letter of Promise of Employment allows for **temporary licensure** until proof can be provided to the Board within six months of license registration.

2. Conditions of the Welcome Home Act

- a. The applicant has a current license in another state, and that state holds the applicant in good standing
- b. The applicant does not have a disqualifying criminal record as determined by the Louisiana Board of Massage Therapy under state law
- c. If the applicant has a disciplinary action or investigation pending, the board in this state shall not issue or deny a license to the applicant until the disciplinary action or investigation is resolved or the person otherwise meets the criteria for a license in this state to the satisfaction of the Louisiana Board of Massage Therapy
- d. The applicant lives in Louisiana and provides proof of residency as required by the Welcome Home Act
- e. A person who obtains a license through the Welcome Home Act is subject to the laws and the jurisdiction of the Louisiana Board of Massage Therapy (located on the board's website – (www.labmt.org))
- f. A license issued under the Welcome Home Act does NOT make the licensee eligible to work in another state under an interstate compact or transfer to another state through reciprocity
- g. The Board shall provide an applicant with a written decision of approval or denial within **sixty-days** after receiving a completed application
- h. If approved, Louisiana licensure is only applicable during residency in Louisiana. Proof of residency is required at the time of renewal or at any time determined by the Board or Board office.
- i. The licensee, in writing, shall notify the board office if the licensee no longer resides in Louisiana within 30 days. Failing to do so may result in fines, penalties or disciplinary action by the Board.
- j. Should the licensee choose to return to Louisiana at a later date a new application and registration will be required.
- k. An applicant may appeal a board's decision of denial to a court of general jurisdiction as stated in Louisiana Act No.253, number §56. Appeal.

3. Proof of Residency

An applicant transferring to Louisiana through the Welcome Home Act must show proof of Louisiana residency by producing at least **one of the following with this application**:

- 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

Any address showing proof of residency cannot be for a commercial business unless properly zoned for both commercial and residential living. **If the applicant is unable to provide proof of residency at the time of application a Notarized letter of Promise of Employment shall be included for the applicant or spouse.**

4. Notarized Letter of Promise of Employment

If an applicant cannot provide proof of residency as listed above, a **Notarized Letter of Promise of Employment** from the employer of the applicant or spouse shall be included with the application. A **Notarized Letter of Promise of Employment** is a signed written agreement between an individual and employer promising employment.

a. **Using a Notarized Letter of Promise of Employment for a Massage Therapist:**

A notarized letter of **Promise of Employment** is required with the application. The notarized letter shall include the massage therapists name, business name, owner name/manager or HR department head name, business address, business phone number, starting date of employment, and owner/manager or HR department head signature. Once the applicant has the Promise of Employment letter, it is the applicants responsibility to have the letter notarized. If the licensee intends to work at multiple establishments, a Promise of Employment Letter from each employer is required. If approved, a temporary license will be issued to work at the location(s) until proof of residency can be provided to the office. See conditions of temporary licensure below. Because a temporary license is only valid for six months, and requires proof of residency before the expiration date of the license - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after license registration.

b. **Using a Notarized Letter of Promise of Employment for the Massage Therapist's Spouse:**

An applicant can provide a spouse's notarized letter of Promise of Employment or spouse's proof of employment if the applicant does not have a Promise of Employment letter from a massage establishment. The notarized Letter of Promise of Employment for the spouse shall include the spouses name, business name, owner name/manager or HR department head name, business address, business phone number, starting date of employment, and owner/manager or HR department head signature. Once the applicant has the Promise of Employment letter for their spouse, it is the applicant's responsibility to have the letter notarized. If approved, the applicant will be issued a temporary license **but the license cannot be used until proof of residency or employment is provided**. See conditions of temporary licensure below. Because a temporary license is only valid for six months, and requires proof of residency before the expiration date of the license - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after license registration.

c. **Conditions of Temporary Licensure:**

If the application is approved through a Letter of Promise of Employment, a temporary licenses cannot be registered online, and will require a paper license registration form located on the LBMT website. (LBMT.org, Massage Therapists, Download Forms, "Professional License Registration Form"). Each temporary license is processed manually and will be emailed to the licensee unless requested to be sent via mail. All temporary licenses will be issued with a "W" license number and an expiration date of six-months from the issue date. The licensee will have six-months to provide proof of residency to the board office. Once proof of residency is received the license will be reissued with the regular "LA" license number and expire on March 31st regardless of issue date. If proof of residency cannot be provided by the expiration date, the license shall be invalid, will require a new application, registration, proof of residency and all applicable fees. Only one temporary license can be issued per applicant. Because a temporary license is only valid for six months and requires proof of residency before the expiration date - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after registration.

5. Application Requirements

- a. **Application fee of \$75.00** – Non-Refundable Cashier's Check or Money Order only, signed and payable to LBMT.
- b. Applications must be legible, all questions answered, and all documentation received for review. Incomplete applications will be returned, require resubmission, and payment. The Board office will contact the applicant via phone, email or USPS if clarification is needed regarding any information submitted. **If the board office requires an application to be reviewed by the Board, the applicant will be noticed via certified mail, regular mail, and or email to appear before the Board at the next scheduled Board meeting.**
- c. The Board office will use the contact information on this application to communicate with the applicant. The Board is not responsible for applicants that are non-responsive, and will only hold the application for 30 days. If the application is returned a new application is required along with payment.
- d. The signed and notarized verifying affidavit with this application must be dated within 30 days of the date the application is received at the LBMT Office.

6. **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 cover at least the preceding five-year period of time.
- b. **Applicants Living Outside of Louisiana for Less Than 5 Years**
Applicants who are moving to Louisiana or have not lived in Louisiana for at least 5 years 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).

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

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

9. **License Verification**

- a. An official verification from the transferring state's regulatory agency where your license is current. Verification **must be sent directly to the LBMT office from the issuing state via mail or email** – admin@labmt.org
- b. Copy of current issuing state license

10. **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 under "Massage Therapist Download Forms" page under "other forms".

TYPE OR PRINT (legibly) THE INFORMATION BELOW.

ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED

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

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

12. **Profiles for the LABMT website are created by the office based on the email address provided below**

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

13. Home Address – LA address if residency is established. Other state address if residency has not been established.

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

14. Mailing Address Use Home Address: Yes

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

15. Are you currently a resident of Louisiana? Yes No

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 to Louisiana – Month/Year: _____

16. 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 | |

17. 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.

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

18. Have you ever had a Massage License in any state suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy?**YES NO If yes, please explain on an additional sheet****19. Do you have any disciplinary action or investigation pending in regards to the practice of massage therapy?****YES NO If yes, please explain on an additional sheet**

20. Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to:

- | | | |
|--|------------|-----------|
| a) Any type of felony: | Yes | No |
| b) Any type of sexually related misdemeanor: | Yes | No |

If “Yes” provide details on a separate sheet (typed) and submit any relevant documents (court pleadings, arrest records, etc.) to be reviewed. Not providing this information will delay processing,

- c) Have you ever been refused, revoked, suspended, encumbered or otherwise restricted **any professional license** by any state?

YES **NO** If **YES** please explain on an additional sheet.

21. License Verification

- An official verification from the transferring state’s regulatory agency where your license is current **must be sent directly to the LBMT office** from the issuing state via mail or email – admin@labmt.org.
- Copy of current issuing state license

22. Third Party Authorization

Was this application completed by anyone other than the applicant listed? **YES** **NO**

If **YES**, include the Third Party Authorization form with this application. This form is located on the LBMT website on the download forms page under “other forms”.

ADDITIONAL INFORMATION

- Incomplete applications will be returned along with a notice indicating the reason for return. Copies cannot be accepted, original documentation only
- It is the applicant’s responsibility to understand all rules, laws and standards for the practice of massage in Louisiana BEFORE submitting the application
- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- The Board office will use the contact information on the application to communicate with the applicant. The Board is not responsible for applicants that are non-responsive.
- If you are not receiving notifications from the board office via email, please check your email spam folder.
- If your application is approved an official notice will be sent via email to the email address on this application advising the applicant how to register their license
- Approved applicants must register their license within 45 days from the date the approval notice is dated. If the applicants registration is not received within 45 days. The application will be returned and a new application and payment is required.

Verifying Affidavit

The undersigned applicant understands that if a license is approved through the Welcome Home Act in the state of Louisiana the license does not make the person eligible to work in another state under an interstate compact or reciprocity agreement unless otherwise provided by law. The applicant understand that if approved the license issued for Louisiana is only applicable while a resident of Louisiana and the office shall be notified within 30 days upon change of residency. The applicant understands all terms and conditions of the issuance of licensure under the Welcome Home Act.

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