



NQWUKPC'DQCTF 'QHO CUUCI G'VJ GTGCR[

....., 83; "Kpgtrkpg'Cxg.'Uwkg'D" "Dcvqp'Tqwi g.'NC'92: 2;
447/978/56: : y y y Qcdo Qti

LBMT009 - EQPVWPI 'GF WE CVKQP RTQXK GT

Crrdecvqp'ITgi kmtcvqp'ICi tggogpv

Hgg'832202 Cashier's Ej gemi'ht'O qpg{ 'Qtf gt u'QPN[/ No Personal or Business checks accepted

D{ 'eqo r ngvpi 'cpf 'uki plpi 'y ku'f qewo gpvvj g'crr rdecvpcnpqy ngf i gu'j cxlpi 'tgc f 'y g'twgu'eqpvclpgf 'lp Vkrq'68. 'Rtqhgukqpcn'cpf
Qeewr cvkqpcn'Ucpf ctf u.'Rctv'Z'NKK. O cuuci g'Vj gtr kuu. Ej cr vgt'5; "gkj gt'cwcej gf 'qt'cxckrdng'qprkg-g'cr r decdng'q'eqpvkwpki
gf wecvkqp'r tqi tco u'cpf ci tggv q'r tggpvuwej r tqi tco u'lp'ceeqtf cpeg'y kj 'y g'twgu0

Enter "Kphqto cvkqp"qp'Hqto and Print - OR - Print Blank Form and Type or Print Information

Rtqxkf gt 'P co g<aa

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Cf f t gu<aa

Elk{ <_____ Ucvg<aaaaaaa \ k<aaaaaaaaaaaaaaaaaaaa

Vcz 'K'P wo dgt<aa

Rj qpg'P wo dgt<aa
*kpmf g'Ctgc'Eqf g+

Go chlCf f t gu<aa

Eqpwev'Rgtuqp<aa

Wr qp cr r tqxcn'qh'y ku'crr rdecvqp cpf r c{ o gpv'qh'y g &322 tgi kmtcvqp'hgg.'y g'gf wecvkqp'r tqxkf gt uj cmdg'eqpukf gt gf 'cp
crr tqxgf 'r tqxkf gt 'hqt'c'r gtlkf 'qh'46'o qpj u'ltqo 'y g'f cvg'qh'y g'crr rdecvqp0'F wtkpi 'y cv'46'o qpj 'r gtlkf 'y g r tqxkf gt
y kmj cxg y j 'tli j v'q'r tggpvvj g vy q'eqpvkwpki 'gf wecvkqp'r tqi tco u y j lej 'ctg'uwdo kwgf cpf 'f guetkdgf 'lp'y ku kpkkn
crr rdecvqp hqt r tqxkf gtuj k r 0'Cp{ 'ej cpi gu'cpf lqt'co gpf o gpv'u'q'c'r tqi tco qt'cf f lpi 'cf f kkpqpcn'r tqi tco u f wtkpi 'y g'46
o qpj 'r tqxkf gtuj k r 'r gtlkf 'y knlts wkt g'y g uwdo kuukqp'qhc'pgy 'r tqi tco 'kphqto cvkqp'hqto cpf y g'r c{ o gpv'qh'c"&7202
r tqi tco 'hgg hqt'gcej cf f kkpqpcn'r tqi tco 0 Vj g pgy r tqi tco 'kphqto cvkqp'hqto 'o wuv'dg'uwdo kwgf 'pq'rvgt'y cp'37'f c{ u
dghqtg'y g'r tqi tco 'ku'uej gf wngf 'vq dg'vwi j v0 Vj g'r tqi tco 'kphqto cvkqp'hqto '*r ci g'5'('6 qh'y ku'crr rdecvqp+'o wuv
ceeqo r cp{ 'y ku'crr rdecvqp'hqt'y g'y q'r tqi tco u y j lej 'ctg'kpmf gf 'cu'r ctv'qh'y g'kpkknr tqxkf gt 'tgi kmtcvqp'hgg0

Xgt kh lpi 'Chhf cxlv

D{ 'uki p kpi 'dgm y . 'y g'cr r d ecpv'cempqy ngf i gu'yj cv'Nqwkucpc'Ncy 'tgs wkt gu'yj g'hqm y kpi <

c-0 Ceeqr wcdrg"eqpwpkpi "gf wec wqp"qlhtgf "uj cni'dg"tgrxcpv"vq"cpf "hqewu"qp"o cuuci g'yj gqt {" 'r tcewleg."o gjy qf u."qt"ry u. tgi wrwkpau."dwulpguu"qt' gjy kecn'r tkpek ngu'r gtvcpkpi "vq"y g'r tcewleg"qh'o cuuci g'y gter {" "qt"y g'qr gtcwqp"qh" c'o cuuci g'y gter {" "dwulpguu"cpf "uj cni'j cxg"ucvxf "ngctpkpi "qdlgewkgu" "P q"Ngwukpcp"EGW"etgf ku'y kni'dg"cr r tqxgf "hq"r tqi tco u'y cv kpenxf g'kpwt wecwp"kp'f lci pquu. "y g'tgcvo gpv'qh"knpguu"gf lgcugc. "qt"cp {" "ugt xleg"qt'r tqegf wtg'y cv'qy gty kug"gzeggf u'y g ueqr g'qh'y g'Rtcewleg"qh'O cuuci g'Vj gter {" cu'f ghkpf "kp"TL0059-5774-3240

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c0 j qrfu" c" o kpo wo "qh" c" dcej grqt) u" f gi tgg" hqo " c" eqngi g" qt" wpxgtukf" y j lej " ku" ceetgf kgf" d { " c" tgi kqpcn ceetgf klpi " dqf { " tgeqi pl gf" d { " y j g" WUUF gr ctvo gpv" qh" Gf wecvqp. " qt" c" uwdncpv kmf" gs wxcrpvp" ceetgf klpi " dqf { " qh" c hqtgki p" uqxgtgki p" uncvg. y kj " c" o clqt kp" c" uwdlgev f k gev n" tgrcvf " vq" y j g" eqpvgpv" qh" y j g" r tqi tco " vq" dg" qh hgtgf =qt

d0 j cu'eqo r ngvf "cv'ngcuv'hxg" { gctu"qh'r tqhgukqpcn'gizr gtlgpeg"kp'y g'r tceveg"qh'o cuuci g'y gtr { =qt

e0 j cu"eqo r ngvf "cv"rgcu"322"j qwtu"qh"pqp/gpvt {"ngxgn"gf wecvkp"kp"vj g"uwdlgev"o cvgt"vq"dg"qhfgt"gf"cpf"j cu"co kpk wo "qh"vy q"j gctu"qh"r tqheukpcri"gzr gtlepeg"kp"vj g"uwdlgev=

Vj g'wpf gtuki pgf j gtdg { 'egtwhgu vj cv'cnr' tqi tco u'qhhtgf 'd { 'vj g'pco gf r tqxfk gt'y kn'eqo r n { 'y kj 'vj g'Nqwkpcp Dqctf "qh' O cuuci g" Vj gter { au' cf o kpkntcvxg' twgu' r gtvclpki "vq" vj g cr r tqxcn' qh eqpvkwpki "gf wecvkqp r tqxfk gtu' cpf r tqi tco u cu'ugv' hqt vj "kp "Vkr" 68. "Rtqhgukpccn' cpf "Qeewr cvkpcn' Ucpf ctf u. "Rctv' ZNKK. "O cuuci g" Vj gter knu. "Ej cr vgt" 5; 0 Vj g'wpf gtuki pgf hwt vj gt' cenpqy rgi i gu' vj g' qdrki cvkqp' qh' vj g' r tqxfk gt' vq o clpvclp' cvgpf cpeg' tgeqtf u. kuwg' egt whkcvu' qt rvgtu' qh' cvgpf cpeg' vq' gcej " r ctvclr cpv. " uwo k' cvgpf cpeg' tgeqtf u' vq' vj g' dqctf. " hmqy " cf xgtvugo gpv' i wlf grikpu' cpf uwo k' f qewo gpvclp' tgs vguv' f hqt' cwf k' r wtr qugu' cu' tgs vguv' f 'd { 'vj g' dqctf ' cu' ucv' f ' kp' vj g' dqctf ' twgu' cpf vj cv' hkwg' vq eqo r n { 'y kj 'vj g' tgs vktgo gpw' hqt' dqctf " cr r tqxcn' qh' eqpvkwpki " gf wecvkqp " r tqxfk gtu' cpf " r tqi tco u' o c { ' tguwn' kp' vj g' tgxqecvqp qh' cp { r tqxfk gtui k' i tcvp' f 'd { 'vj g' dqctf 0

Uk pcwt g'qhQy pgt 'qt 'Ngi cñCi gpv F cvg

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**Louisiana Board of Massage Therapy
Program Information Form**

Provider Name _____

1. Title of Program _____

Total Hours of CE Credit _____

Name of Presenter _____

Contact Information – How should students contact you for information regarding the program?

Email _____

Website _____

Phone _____

Fax _____

Mailing Address _____

Program Description _____

(Attach additional page if needed)

2. Title of Program _____

Total Hours of CE Credit_____

Name of Presenter_____

Contact Information – How should students contact you for information regarding the program?

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Website_____

Phone _____

Fax _____

Mailing Address_____

Program Description_____

(Attach additional page if needed)

I do hereby certify that I am the person referred to on the application as the owner or legal agent and that the information provided is true and correct to the best of my knowledge.

Signature of owner or Legal Agent

Date

Print Name