



## LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E 🌸 Baton Rouge, LA 70816  
225-756-3488 🌸 [www.labmt.org](http://www.labmt.org) 🌸 225-756-3493(FAX)

### **Change of Status Form for Massage Establishments** **Add or Delete a Therapist**

**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 is to be made within 30 days of occurrence**

PLEASE TYPE OR PRINT

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Name of Establishment

License #

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Address – Street #, Suite #, City, State, Zip

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Mailing Address (if different from physical address above)

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Business Phone Number (including area code)

Secondary Contact Number

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Name of Owner or Legal Agent of Establishment

Title

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Establishment Email Address

#### **Change Requested:**

\_\_\_\_\_ **Removing Therapist that no longer work at this location**

**(Use additional sheet if needed)**

1. \_\_\_\_\_  
Name of LMT to be removed License # (Attach License)

2. \_\_\_\_\_  
Name of LMT to be removed License # (Attach License)

3. \_\_\_\_\_  
Name of LMT to be removed License # (Attach License)

4. \_\_\_\_\_  
Name of LMT to be removed License # (Attach License)

5. \_\_\_\_\_  
Name of LMT to be removed License # (Attach License)

\_\_\_\_\_ **Adding Therapist to work at this location (Use additional sheet if needed)**

1. \_\_\_\_\_  
Therapist Name as listed on license LA License Number

2. \_\_\_\_\_  
Therapist Name as listed on license LA License Number

3. \_\_\_\_\_  
Therapist Name as listed on license LA License Number

4. \_\_\_\_\_  
Therapist Name as listed on license LA License Number

5. \_\_\_\_\_  
Therapist Name as listed on license LA License Number

I hereby certify that I am the person referred to on the establishment license/registration 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

\_\_\_\_\_  
Printed Name