

LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E Baton Rouge, LA 70816 225-756-3488 www.labmt.org

LBMT004 - Professional License Renewal Form

Cashier's Checks or Money Orders Only – No Personal or Business Checks Accepted **Renewal Fee: \$125.00** Late Fee: \$100.00 (postmarked after March 31)

Enter Information on Form and Print - OR - Print Blank Form and Type or Print Information

If this is not your first year of licensure, you must enclose a copy of your certificate of completion of continuing education with this completed, signed and dated application. All incomplete applications and/or packages will be returned.

Date:							
Name							
	First	Middle		Last			
Profession	al License Number						
Mailing Address - Street or PO Box – Include Apt. #		City		State	Zip		
Home Pho	ne		Cell Phone				
Email:							

PROFESSIONAL LOCATIONS: Use an additional sheet of paper if necessary.

HOME

 1^{st} **Professional Location Name** – If you have no other address, at which you are working, please put your home address in Professional Location #1.

Street Address	(Post Office Box not acceptable.)			
City		State	Zip	
Phone				

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2 nd	Professional	Location	Name
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Street Address	(Post Office Box not acceptable.)			
City		State	Zip	
Phone				
3 rd Professiona	l Location Name			
Street Address	(Post Office Box not acceptable.)			
City		State	Zip	
Phone				
4 th Professiona	l Location Name			
Street Address	(Post Office Box not acceptable.)			
City		State	Zip	
Phone				
Is a trial pendin	g for, or have you ever been convicted, pled gui	lty or no contest to:		
Any type of felo	ony: YesNo			
Any sexually re	lated misdemeanor: Yes No			
If "Yes" to eith	er, give details and submit any relevant docume	nts (court documents	arrest records, etc) for review

Applicant confirms that all of the statements and representations contained in the application form are true and correct and understands that if any such statements and/or representations are found to be false it shall be a basis to have the license suspended or revoked by the Louisiana Board of Massage Therapy at any time. Applicant further acknowledges the responsibility to keep applicant's license current and stay informed of any changes in the law, rules and regulations and policy relative to Massage Therapy in this state.

Signature of Licensee