



## 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)

### LBMT010 - CONTINUING EDUCATION PROVIDER RENEWAL APPLICATION / AGREEMENT

Fee \$100.00 **Cashier's Checks or Money Orders ONLY - No Personal or Business checks accepted**

Before completing this application/agreement, read the attached massage therapy rules (Title 46, Professional and Occupational Standards, Part XLIV, Massage Therapists, Chapter 39.) By completing and signing this document you agree to present continuing education programs in accordance with the rules.

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

**Provider Name:** \_\_\_\_\_

\_\_\_\_\_

**Provider Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

(Include Area Code)

**Email Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

The education provider renewal fee includes the right to present two continuing education programs which are submitted and described at the time of renewal application of providership. Any changes and/or amendments to a program during the 24 month providership renewal period will require the completion of a new program information form together with the payment of a \$50.00 program fee for each program. The new program information form for a particular program must be submitted no later than 15 days before the program is scheduled to be taught. The program information form (page 2 & 3 of this renewal) must accompany this renewal application for the two programs which are included as part of the renewal fee.

#### VERIFICATION

By signing below, the applicant acknowledges that Louisiana Law requires the following:

- Acceptable continuing education offered shall be relevant to and focus on massage theory, practice, methods, or laws, regulations, business or ethical principles pertaining to the practice of massage therapy or the operation of a massage therapy business and shall have stated learning objectives. No Louisiana CEU credits will be approved for programs that

include instruction in diagnosis, the treatment of illness or disease, or any service or procedure that otherwise exceeds the scope of the Practice of Massage Therapy as defined in R.S. 37:3552 (10).

b). Each program presented for Louisiana CEU credits shall be taught by a person who:

a. holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered; or

b. has completed at least five years of professional experience in the practice of massage therapy; or

c. has completed at least 100 hours of non-entry level education in the subject matter to be offered and has a minimum of two years of professional experience in the subject;

The undersigned hereby certifies that all programs offered by the named provider will comply with the Louisiana Board of Massage Therapy's administrative rules pertaining to the approval of continuing education providers and programs as set forth in Title 46, Professional and Occupational Standards, Part XLIV, Massage Therapists, Chapter 39. The undersigned further acknowledges the obligation of the provider to maintain attendance records, issue certificates or letters of attendance to each participant, submit attendance records to the board, follow advertisement guidelines and submit documentation requested for audit purposes as requested by the board as stated in the board rules and that failure to comply with the requirements for board approval of continuing education providers and programs may result in the revocation of any providership granted by the board.

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**Signature of Owner or Legal Agent**

Date

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Printed Name

**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)

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(Attach additional page if needed)

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