



## 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)

### PROGRAM INFORMATION FORM

**Fee \$50.00 Cashier's Checks or Money Orders ONLY - No Personal or Business checks accepted**

Each program presented for Louisiana CEU credits 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).

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

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

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

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

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

**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)

**Program Description cont'd.** \_\_\_\_\_  
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The undersigned certifies that this program complies with the Louisiana Board of Massage Therapy's administrative rules pertaining to the provision of continuing education as set forth in Title 46, Professional and Occupational Standards, Part XLIV, Massage Therapists, Chapter 39.

\_\_\_\_\_  
**Signature** **Date**

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