



Louisiana Board of Massage Therapy
2645 O'Neal Lane, Bldg. C, Ste. E ✦ Baton Rouge, LA 70816
225-756-3488 ✦ www.labmt.org

LBMT013 - REQUEST TO BE PLACED ON INACTIVE STATUS

Non-Refundable Inactive Status Fee - \$75.00
Cashier's Check or Money Order *only* payable to LBMT

Pursuant to La. R.S. 46, Part XLIV, Chapter 17, § 1701 E, in order to be placed on inactive status, the following provisions are applicable:

1. This application form and the payment of the Inactive Status Fee of \$75.00 must be submitted.
2. The application request must be filed within six months from the date that the person last had an active license issued by the LBMT. If a license has been expired for more than six months, the therapist will not be eligible to take inactive status unless the license has been first renewed to active status.
3. The commencement of the period of inactive status shall be retroactive to the date on which the person last had an active license.
4. A continuous period on inactive status may not exceed five years; after five years the license will become a lapsed license that will not be subject to renewal without complying with all of the provisions of R.S. 37:3556.
5. While on inactive status, a therapist shall not engage in the practice of massage therapy for compensation.

In order to revert to active status the therapist must submit an Active Status Reinstatement Request Form, payment of a license renewal fee as provided in R.S. 37:3562 and evidence of having completed 24 hours of continuing education units within 2 years from the date the application for reinstatement is filed.

In connection with the request for Inactive Status provide the following information:

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

Name of therapist requesting Inactive Status: _____

Current or last LBMT license number _____

If license is not current provide date of expiration: _____

Date that the Inactive Status is requested to begin: _____

Current Contact Information (Please type or print legibly)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

By signing below, the undersigned applicant declares that the above and foregoing information is correct and acknowledges an understanding of the provisions of La. R.S. 46, Part XLIV, Chapter 17, § 1701 E, as noted above, that apply to inactive status and certifies that that the applicant will not engage in the practice of Massage Therapy for compensation of any kind while on inactive status.

Date

Signature