



LOUISIANA BOARD OF MASSAGE THERAPY

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

LBMT021 - VERIFICATION OF LICENSURE

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

Original Form must be mailed to the address above for verification to be processed.

Section I - (Completed by Applicant)

My signature below is your authorization to release all information in your file, favorable or otherwise, regarding me.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

Address _____
Street Number & Name or P.O. Box City State Zip

Telephone No. _____ Date of Birth: _____

License No. _____ Last or Current year of Licensure _____

Section II - (Where to mail or fax completed verification)

Name _____

Address _____
Street Number & Name or P.O. Box City State Zip

Telephone No. _____ Fax No. _____

Section III - (Completed by Louisiana Board of Massage Therapy)

This certifies that _____
Name of licensee

License No. _____ Licensed Since Date _____

Current License or Last License Date Issued _____ Expiring Date _____

Current status of license:

Active ____ Lapsed ____ Inactive ____ Denied** ____ Suspended ____

Revoked ____ Disciplined** ____

****Attached is a copy of the Findings of Fact and Decision.**

License/Registration/Certification Issued Based On:

____ Education Requirements – Total hours of education _____
(Title 46 Part XLIV. Chapter 11 §1101 [B])

____ National Examination a.MBLEx b.NCBTMB c.NCCAOM d.Other _____

____ State Examination

____ Reciprocity – Board Approved

____ Grandfather requirements

Signature _____

Date

Print Name _____

Title _____

(STATE SEAL)