

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

Louisiana Application for License

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

Application Instructions and Required Documentation for the first step in becoming a Louisiana Licensed Massage Therapist

1. Application – Must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which affidavit must be dated within 30 days of the date the application is received by the LBMT Office.

2. Application fee of \$75.00 – Cashier's Check or Money Order payable to LBMT.

3. Background Check – Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The applicant must submit a criminal background history as part of the application. The criminal background history must cover a period of at least five years preceding the date of the application and must be obtained from a state police agency such as the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections ("Bureau") and/or the Federal Bureau of Investigation of the United States Department of Justice ("FBI") or an FBI–Approved Channeler as listed on the FBI website.

a). Louisiana Residents – Living in Louisiana for 5 years or more

An applicant who has resided in Louisiana for 5 years or more, may obtain a certified criminal background history from the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections ("Bureau") and/or the Federal Bureau of Investigation of the United States Department of Justice ("FBI") or an FBI–Approved Channeler as listed on the FBI website. The background report must be certified by the issuing agency and dated within six months of the application submission date.

b). Louisiana Residents for less than 5 years and Out-of-State Residents

An applicant, who has resided in Louisiana for <u>any</u> period of less than 5 years, must submit a certified criminal history record from Louisiana as well as a criminal history from any other state or states in which the applicant has resided within the past five years. The criminal history must cover a five year period and must be obtained from a recognized state police agency for a particular state or the Federal Bureau of Investigation of the United States Department of Justice ("FBI") or an FBI–Approved Channeler as listed on the FBI website. As an alternative to obtaining and submitting records from multiple states, a single criminal history record obtained from the FBI or an FBI-Approved Channeler may be submitted. The background report must be certified by the issuing agency and dated within six months of the application submission date.

c). Time Requirements

The background history must be dated within six months of the date the application is submitted to the Louisiana board and must cover at least the preceding five year period of time.

Questions concerning obtaining a criminal background history record may be directed to the Bureau at 225/925-6006 (Louisiana) and to the FBI at 304/625-2000. You may also use an FBI–Approved Channeler as listed on the FBI website (www.fbi.gov).

4. Official Transcript – An applicant must submit an original, certified transcript showing the completion of the educational hours required by Louisiana Law (Title 46 Part XLIV. Chapter 11, §1101 [B]). The minimum 500 in-class hours shall consist of 325 hours dedicated to the study of massage therapy techniques and clinical practicum-related modalities, 125 hours dedicated to the study of anatomy and physiology, and 50 hours of discretionary related course work, including but not limited to hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation (CPR) and first aid. To verify this requirement, a course catalog, course syllabus or course description from the school may be requested.

If the applicant is submitting an educational transcript from any Louisiana or out of state school which does not allow a determination of "in-class" or clock hours, the school must submit information necessary to convert credit hours shown on the transcript into "class hours" to verify that the applicant has met the educational requirements of 500 in-class hours. It is the applicant's responsibility to obtain the necessary information to verify compliance with the educational requirements.

In order to satisfactorily complete course requirements to be eligible for licensure, massage school students must have graduated from the school with passing grades and must have attended at least 90 percent of class hours in each subject matter offered in the supervised course of instruction, as reflected by attendance records taken at the beginning of each class meeting. To verify this requirement, attendance records may be requested.

5. National Exam – Applicant must present proof of passing a National Exam and/or MBLEx no more than two years before the date the license application is filed. (Title 46 Part XLIV. Chapter 13, §1301). Proof of passing the exam must be received directly from the examination agency.

6. Photo – Enclose one (1) $2'' \times 2''$ color photo of yourself on photo paper. For example, passport size photo.

7. Reciprocity – If you have a current massage therapy license from another state which has been active for more than one year, you may be eligible for a Louisiana license through reciprocity. Enclose a copy of your current, active out-of-state massage therapy license, completed license verification from the state/states of licensure in addition to the documents specified on the application. When applying under reciprocity, you must present proof of passing a National Exam and/or MBLEx; however, it may be more than two years old. The official transcript (original and certified) is not required to meet the specific Louisiana breakdown of the 500 in-class hours.

8. Military or Military Spouse – Please check below if you are in the military or the spouse of a military service member. Enclose a copy of your current Military ID card or a DD Form 214.

_____ Military Service Member _____ Military Service Member Spouse

_____ I have been awarded a military occupational specialty in Massage Therapy and performed that specialty at a level that is substantially equivalent to the Louisiana requirements and I am engaged in the active practice of Massage Therapy. Enclose all relevant documentation.

_____ I have not received a dishonorable discharge from the Military.

PLEASE TYPE OR PRINT LEGIBLE THE INFORMATION BELOW. ALL QUESTIONS MUST BE ANSWERED.

1. Name:

	First	Middle	Last
2.	Date of Birth:		
3.	Social Security Number:		
4.	Physical Address:		
		Street	

City	State	Zip			
5. Mailing Address:					
	Street / P.O. B	Box			
City	State	Zip			
Home Phone: ()		Cell :()		
Email:					
6. a. How long have y	ou resided in the State of	^E Louisiana? (Ex. days/week	s/months or years)		
•	esided in Louisiana for le	•	where did you reside before		
U U		(State / States)			
c. How long did yo	c. How long did you live in that state/states? (Ex. days/weeks/months or year)				
		(EX. Udys/ Week	symolicity of years)		
7. Information regard	ding Massage Therapy Sc	hool from which	n you graduated or received a		
a. Name of Schoo	l:				
b. Location of Sch	ool:				
	(City and Stat	e only)			
agency by LBMT.			eived directly from the testing		
a. Name of test ta	ken:(Ex. MBLEx, N	ICBTMB, etc.)			
b. Date taken and	passed:				

9. Do you have a trial pending, or have you ever been convicted, pled guilty or no contest to: Any type of felony: Yes_____ No_____

Any sexually related misdemeanor: Yes No						
If "Yes", provide details on a separate sheet and submit any relevant documents (court						
pleadings, arrest records, etc.) to be reviewed.						
10. Have you been refused a professional license by any state?						
YesNo						
If "Yes", please explain:						
11. Have you ever had a certificate or professional license refused, revoked,						
suspended, encumbered or otherwise restricted? Yes No						
If "Yes", please explain:						

Additional Information: The completed application package may be mailed to the address listed at the top of the application form or hand delivered to a staff member at the board office during normal business hours. Applications are processed in the order received and due to verification requirements, applications are not reviewed or processed while you wait. It is the applicant's responsibility to verify that all documentation required for this application is included in the package.

All incomplete packages will be returned to the applicant

After review, the applicant will be notified by email and/or U.S. Mail if additional information is needed. Once approved, an official notice will be sent advising that the applicant may be licensed upon submission of the "Professional License Registration" form and payment of the license fee within 45 days of the date of the letter.

If you have questions in reference to completing this application, please contact the office at <u>admin@labmt.org</u> or 225/756-3488.

Verifying Affidavit

The undersigned applicant does hereby confirm that applicant is a citizen or legal resident of the United States, has the ability to read, write, speak and understand English fluently and has read and understands the rules and regulations of the Louisiana Board of Massage Therapy (as posted on the board website). Applicant further does hereby promise and confirm that if granted a license to practice as a Massage Therapist in the State of Louisiana, applicant will obey the laws of this State and maintain the honor and dignity of the profession.

Applicant further 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 the practice of Massage Therapy in the State of Louisiana.

Signature of Applicant		Date
Printed Name of Applicant		
State of		
County/Parish		
Sworn to and subscribed before me this	day of	in the year 20
Notary F		
Printed Name: ID or Bar Roll #		
My Commission expires		

Form 001 Rev. 09/11/2018 334855v1