



**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)

**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**

1. **Application** – Must be completed, typed or printed legible and submitted with the signed and notarized Affidavit of Application.
2. **Application fee of \$75.00** – Cashier's Check or Money Order payable to LBMT
3. **Background Check** – Convictions of certain types of crimes may disqualify an individual for licensure in Louisiana. As part of this application, the applicant must submit a criminal background history as part of the application. The criminal background history must be obtained 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").

The background history must be dated within six months of the application and must cover at least the preceding five year period of time. An applicant who has resided in Louisiana for more than five years immediately prior to filing the license application shall only be required to submit a criminal history record obtained from the Bureau. An applicant who has not resided in Louisiana for the five year period immediately prior to filing the license application must submit a criminal history record from Louisiana and/or any state or states in which they were previously domiciled which would cover a five year period within six months of the application date. As an alternative to obtaining and submitting records from multiple states, a criminal history record obtained from the FBI may be submitted. The background report must be certified by the issuing agency and be dated within six months of the application submission date. Questions concerning obtaining a criminal background history record may be directed to the Bureau at telephone #225/925-6006 and to the FBI at telephone # 304/625-2000.

4. **Official Transcript** – Applicant must submit a 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.

If the applicant is submitting an educational transcript from any Louisiana or out of state school and the transcript 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 demonstrate 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 demonstrate 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.

5. **National Exam** – Applicant must present proof of passing a National Exam within 2 years from the date the application is filed. (Title 46 Part XLIV. Chapter 13 §1301).

6. **Photo** – Enclose one (1) 2” x 2” photo of yourself.

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
                   First  Middle  Last

2. Date of Birth: \_\_\_\_\_

3. Social Security #: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_  
   Street

\_\_\_\_\_  
           City  State  Zip

5. Mailing Address: \_\_\_\_\_  
   Street / P.O. Box

\_\_\_\_\_  
           City  State  Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

6. How long have you resided in the State of Louisiana? \_\_\_\_\_ years. If you have resided in Louisiana for less than 5 years, where did you reside before moving to Louisiana and for how long?

Previous Place of residence: \_\_\_\_\_

Length of time: \_\_\_\_\_

7. Name of Massage Therapy School: \_\_\_\_\_

8. School Location: \_\_\_\_\_

9. Is a trial pending for, 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”, give details on a separate sheet and submit any relevant documents (court documents, arrest records, etc…) to be reviewed.

10. Have you been refused a license for any profession by any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

**\*\*\*All incomplete packages will be returned to the applicant\*\*\***

### 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 Massage Therapy in this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

State of \_\_\_\_\_

County/Parish \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

ID or Bar Roll # \_\_\_\_\_

My Commission expires \_\_\_\_\_

SEAL