



Louisiana Board of Massage Therapy  
9619 Interline Ave  
Suite B  
Baton Rouge, LA 70809  
225-756-3488  
[www.labmt.org](http://www.labmt.org)  
[info@labmt.org](mailto:info@labmt.org)

**Louisiana Application for Licensure – NEW APPLICANT**  
**Non-Refundable Application Fee - \$75.00**  
**Cashier's Check or Money Order Only – Payable to LBMT**

Effective 9/9/2024 – For security reasons, The Louisiana Board of Massage Therapy can no longer accept walk-ins at the office. All visitors will be required to schedule an appointment in advance. As a state office, all visitors will be required to show a government issued ID upon arriving.

**1. Application**

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. Application must be completed by the applicant listed unless a third party authorization form is included. All questions must be answered or the application will be returned. Incomplete applications will also be returned. **The board office may contact the applicant if clarification is needed on any information submitted. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing.** Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application.

**2. Application fee of \$75.00**

Cashier's Check or Money Order only, SIGNED & PAYABLE to LBMT. This initial fee covers the processing of this application. Once the application has been approved, the applicant will be notified of eligibility to be licensed and must then submit a "Professional License Registration" form and pay the massage therapist license fee.

**3. Background Check -** Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The criminal background history must cover a period of at least five years preceding the date of the application.

- a) The background process is initiated by enrolling through **Identogo** using the **unique service code** for the Louisiana Board of Massage Therapy. A **Background Authorization Form** is also required with this application authorizing the LBMT designee to access your background check electronically. Please see the attached instructions for both Louisiana residents and out-of-state applicants included with this application. If you have any questions, please contact Identogo for assistance. 844-539-5543
- b) **Background Disclosure Information** -The Louisiana Board of Massage Therapy may use the criminal convictions of applicants as a basis for denial of an application for licensure. The Board is required to consider the following factors in deciding whether to grant a license to an applicant with one or more criminal convictions: (1) the nature and seriousness of the offense(s); (2) the nature of the specific duties and responsibilities for which the license is required; (3) the amount of time that has passed since the conviction(s); (4) facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

**4. Official Transcript/Educational Hourly Standards**

- a) 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 which 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.

- b) 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. If the credit to clock hour conversion is not included, the application will be returned.
  - c) 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.
  - d.) **Online Courses** - Documentation regarding any online courses must be included with the original transcript. This includes each class that was taken online as well as the number of clock hours for each course. If not indicated on the transcript, an official letter from the school registrar will need to accompany any original transcript indicating which courses were taken online along with the contact information for the registrar/school for verification.
- 5. **National Exam**  
Applicant must present proof of passing a National Exam and/or MBLEx (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” x 2” Passport Photo
  - 7. **Identification**  
Enclose a copy of a government issued ID. Military ID, Driver’s License and or Official State ID
  - 8. **Military or Military Spouse** – Military or Military Spouse – Please see the military application located on the website
  - 9. **Third Party Authorization**  
If this application is completed by any individual other than the applicant listed, a Third Party Authorization form is required. This form is located on the LBMT website on the download forms page under “other forms”.

**PLEASE TYPE OR PRINT (legibly) THE INFORMATION BELOW.**  
**ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED**

**1. Name, Date of Birth, Social Security #**

First		Middle Initial		Last	
Preferred Name – name used if other than legal name					
Date of Birth		Social Security #			
Phone # (1)		Phone # (2)			

**2. Profiles for the LABMT website will be created by the office based your personal email address. Do NOT create an additional profile through the website**

Email Address:	
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**3. Home Address. This must be a place of residence – cannot be a place of business**

Street					
Suite/Apt#		City			
State			Zip		

**4. Mailing Address**                      **Use Home Address: Yes**

Street					
Suite/Apt#		City			
State				Zip	

**5. Residency / Identification – Enclose a copy of a government issued ID**

- a) Are you currently a U.S. citizen **Yes** **No**
- b) Are you currently a resident of Louisiana? **Yes** **No**  
If Yes – How long have you lived in Louisiana. (days/weeks/months or years) \_\_\_\_\_
- c) If not a resident of Louisiana, which state do you currently hold residency? \_\_\_\_\_

**6. List all States in which you have lived for the last 5 years including how long.**

State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	

**7. Massage Therapy Education:****Is this school currently open?**                      **Yes**                      **No**

\*If YES - please provide the phone number and website of the school if applicable.

Name of School	
Location: (City/State)	
Attendance Dates: (Start Date – End Date)	
*Phone Number of School	
*Website if applicable	

**a.) Online Education**

**Documentation regarding any online courses must be included with or on the original transcript.** Including the number of **clock hours** of online and in-person courses. This includes each course listed on the transcript. If not indicated on the transcript, an official letter from the school registrar will need to accompany any original transcript indicating which courses were taken online and which courses were taken in person.

No courses were taken online	<b>Yes</b>	<b>No</b>	
Some courses were taken online	<b>Yes</b>	<b>No</b>	Total Clock Hours: _____
All courses were taken online	<b>Yes</b>	<b>No</b>	Total Clock Hours: _____

**8. National Exam** - Exam verification must be sent directly to the LBMT office\***MBLEx**                      **National Exam**

Date Exam Taken & Passed	
Date the exam verification was requested to be sent to the LBMT office	

**9. Have you ever held a massage therapy license in another state?**                      **YES**                      **NO****10. Have you ever had any Massage License suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy in any state?****If YES, please explain:** Use additional sheet                      **YES**                      **NO****11. Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to:**

a) Any type of felony:	<b>YES</b>	<b>NO</b>
b) Any type of sexually related misdemeanor:	<b>YES</b>	<b>NO</b>

**If “Yes”** provide details on a separate sheet and submit any relevant documents (all court pleadings, arrest records, probation documents etc.) to be reviewed. Not providing this information will delay processing. If uncertain please contact the office.

c) Have you ever been refused, revoked, suspended, encumbered or otherwise restricted <b>any</b> professional license by any state?	<b>YES</b>	<b>NO</b>
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If “Yes” what were the circumstances, please explain on additional sheet

## 12. Background Check:

- a.) The background check process should be initiated prior to or at the same time the application is completed. Please provide the date the background check was requested to be sent to the LBMT office in the box below.

Date the Background Check was requested to be sent to the LBMT office	
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- b.) Complete the enclosed background authorization form and include with this application. This form authorizes the LBMT designee permission to receive the background check.

## 13. Third Party Authorization

**Was this application completed by anyone other than the applicant listed?    Yes                      No**

*If YES, include the Third Party Authorization form with this application. This form is located on the LBMT website on the download forms page under “other forms”.*

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## ADDITIONAL INFORMATION

- Incomplete applications will be returned along with a notice indicating the reason for return.
- Copies cannot be accepted
- It is the applicant’s responsibility to understand all rules, laws and standards BEFORE submitting the application. If you have any questions please contact the office for assistance.
- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- Correspondence will be sent via email or USPS to the address listed on this application. It is the responsibility of the applicant to review any emails or documentation sent via USPS from the board office and to respond accordingly. If you are not receiving notifications from the board office via email, please check your email spam folder.
- If your application is approved an official notice will be sent via email to the email address on this application advising that the applicant can now register their license through the website by using the “Professional License Registration” link. Approved applicants will have to register their license within 45 days from the date the email\letter was received.
- After the “License Registration” is processed and email notification will be sent and the license can be printed from your dashboard on the LABMT website

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## DOCUMENTATION PROCESSING

Please mail your completed application to the address listed on the first page. All applications are processed in the order received. Make copies for your records. The office cannot make copies unless a money order is received in the amount of .25 cents per page. Please contact the office should you have any questions, we are happy to assist.

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### Verifying Affidavit

The undersigned applicant does hereby confirm to be the person named on this application, 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 laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). If the application was not completed by the listed applicant, a third party authorization form is enclosed. 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 confirms that all of the statements and representations contained in the application form are true and correct and understands that if any such statement and/or representations are found to be false it shall be a basis to have the license denied, suspended or revoked by the Louisiana Board of Massage Therapy at any time. Applicant further acknowledges that responsibility to keep applicant's licensure 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 \_\_\_\_\_ Parish / County \_\_\_\_\_

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

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

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

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

My Commission Expires \_\_\_\_\_

**SEAL**



**BACKGROUND CHECK AUTHORIZATION FORM**  
Louisiana State Police Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

APPLICANTS FULL NAME:

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**\*\*PRINT – USE INK\*\*\*\***      LAST                      FIRST                      MIDDLE

\*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

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\*LAST                                      FIRST                                      MIDDLE

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\*LAST                                      FIRST                                      MIDDLE

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      RACE \_\_\_\_\_ SEX \_\_\_\_\_

DRIVERS LICENSE or ID # \_\_\_\_\_ STATE \_\_\_\_\_

POSITION or LICENSE APPLIED FOR \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS PHONE NUMBER: \_\_\_\_\_

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**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**Revised 12/9/2024**

## Louisiana Board of Massage Therapy Background Check Instructions

Effective April 2025, the Louisiana Board of Massage therapy will be using a new statewide applicant processing system for criminal background checks. As a part of the new process, applicants will be required to schedule a fingerprint appointment at a location of their choosing with **Identogo**. There is a process for both in-state and out-of-state applicants. This new system is easy to use, but if you have any questions, **you can call Identogo for assistance or schedule an appointment at 844-539-5543.**

### In-State Applicants

1. Please go to <https://uenroll.identogo.com> and use the following unique service code **27N68S**, which allows the system to identify which agency, is requesting the background check. You must enter this code when registering. If you do use the code specific to the LBMT, you will not be able to proceed. You are requesting a state and federal background check.
2. Select "Schedule or manage an appointment." Make an appointment at an office location and time that is convenient for you. This is a very simple process where you enter basic information and then select a date, time, and location for your appointment.
3. When you go to an Identogo office, your identity will be verified and your prints obtained via the Livescan technology.
4. You will pay Identogo directly for this service. Applicants may pay by credit/debit card, check or money order.
5. Once you have completed the appointment, the fingerprints are electronically submitted to Louisiana State Police (LSP) and the background check will be processed.
6. LSP will send the results via a secure interface to LBMT within approximately 3 days.
7. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
8. A list of identification documents needed is provided on the Fingerprint Service Code Form.

### Out of State Applicants

The process is similar if you are applying from outside of Louisiana, in the United States, or from a country that has an Idemia office with the Livescan technology.

1. If you reside in a state with Idemia/Identogo services, you can schedule a Livescan print in the same manner for in-state applicants.
2. Pre-enroll for Livescan Processing at <https://uenroll.identogo.com> entering the unique service code **27N68S**.
3. Use the zip-code lookup to find the most convenient location for your fingerprinting process. If no location is available within 100 miles or you do not wish to visit the identified location, there is an option to switch to card scan processing.
4. If your state (or country) does not have Idemia/Identogo services you must obtain a printed fingerprint card from a local law enforcement agency and mail your prints in for card scan processing. This process is completed through the same website <https://uenroll.identogo.com>. To mail in cards you must pay for the service online and use the shipping label provided.
5. Livescan results should be available through the secure interface within 3 days. Results for mailed in cards should be available within 7 days.
6. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
7. A list of identification documents needed is provided on the Fingerprint Service Code Form.



Louisiana State Board of Massage Therapy Licensure -USE ONLY

# IdentoGO®

Fingerprint Service Code Form

**Service Name:** Louisiana State Board of Massage Therapy Licensure

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

**27N68S**

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

**Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.**

- Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States



Don't have access to the Internet? You can still schedule an appointment by calling 844-539-5543.