



Louisiana Board of Massage Therapy
 9619 Interline Ave
 Suite B
 Baton Rouge, LA 70809
 225-756-3488
 www.labmt.org

Louisiana **Non-Standard CEU Review Application**
Non-Refundable Fee: \$50.00
Cashier's Check or Money Order Only – Payable to LBMT

Questions: info@labmt.org

NON-STANDARD PROGRAM OR COURSE OF STUDY APPLICATION
To be used by Licensed Massage Therapist for request of CEU Approval

Chapter 37, §3703, D. 3. b. Other Program Approval.

1. Louisiana licensees may request CEU approval of a non-standard program or course of study by submitting an application form issued by the board. The form along with a non-refundable program review fee of \$50 per program must be presented during the year for which CEU credit is sought and the program must comply with the CEU guidelines as set forth in **Chapter 37, §3703 D.**
2. This procedure may be used to apply for approval for activities which may include, but are not limited to, college courses, published works by the therapist, or other educational activities that may be used in lieu of CEUs for the given year.
3. In order to be considered for approval, the non-standard program or course of study must have been completed within 12 months from the date the request for approval is submitted. Protocols for such proposed programs will be established by the board and the licensee will be provided with written notice as to whether the request for CEU credit has been approved.
4. Each program presented for Louisiana CEU credits shall be relevant to and focus on massage theory, practice, methods, or laws, regulations, business or ethical principles pertaining to the practice of massage therapy or the operation of a massage therapy business and shall have stated learning objectives.
5. No Louisiana CEU credits will be approved for programs that include instruction in diagnosis, the treatment of illness or disease, or any service or procedure that otherwise exceeds the scope of the Practice of Massage Therapy as defined in **R.S. 37:3552 (10).**
6. Requests for approval are submitted to the designee of the Board and or Board members for approval.

Today's Date	
License Number	

Contact Information:

First		Last	
Street		Suite/Apt#	
City		State	Zip
Email		Phone Number	

Type of Program or Course of Study for Review:

Continuing Education

College Course

Other

Title of Program or Course of Study

Number of Program or Course of Study Hours

Name of the Presenter

Program Description

Please describe **on the next page** a detailed description of the course. (Course Objectives and Outcomes of Learning)
OR Attach Documentation to be Mailed with This Form. Incomplete Applications will be returned.

This application will be reviewed by the full board and or board designee. It should be received at the board office two (2) weeks prior to the scheduled board meeting in order to be placed on the agenda. Please see the list of scheduled board meetings on the website (www.labmt.org) or contact the board office at 225-756-3488.

If you are applying for approval to use this course/program for the 12 hours of continuing education required for renewal of license, this application must be submitted for the scheduled board meeting prior to March 31st.

Applicant confirms that all of the statements and representations contained in the application form are true and correct.

Signature

Date

Printed Name

FOR OFFICE USE ONLY			
Approved		Denied	
Date			
Renewal Season 1 Dates		Credits	
Renewal Season 2 Dates (if applicable)		Credits	

Approved by Signature: _____ Date: _____

If NOT attaching course information please describe in detail the course objectives, course description and course outcome.

