



LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E Baton Rouge, LA 70816

225-756-3488 www.labmt.org

NON-STANDARD PROGRAM OR COURSE OF STUDY APPLICATION

To be used by Louisiana Licensed Massage Therapist for request of CEU Approval

Non-Refundable Program Review Fee \$50.00

Cashier's Checks or Money Orders ONLY - No Personal or Business checks accepted

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

Chapter 37, §3703 D (1) 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. 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).

Please *Print* or *Type* information on form. All items must be completed on this form and it must be signed.

Applicant Name _____

License Number _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____

Email _____

Type of Program or Course of Study: _____ **Continuing Education** _____ **College Course** _____ **Other** **Define:**

Title of Program or Course of Study _____

Date/Dates Program or Course of Study taken or to be taken _____

Number of hours of Program or Course of Study _____

Name of Presenter _____

Program or Description and Documentation _____

(Attach additional page if needed)

