

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	<u> </u>	
Phone_()				
Email				
Type of Program or Course of Study:(-			
Title of Program or Course of Study				
Date/Dates Program or Course of Study taken				
Number of hours of Program or Course of Stu	dy			
Name of Presenter				
Program or Description and Documentation	Attach additional page if needed)			

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This application is reviewed by the full board at a board moved weeks prior to the scheduled board meeting in order to be ploard meetings on the website (www.labmt.org) or contact. If you are applying for approval to use this course/program renewal of license, this application must be submitted for the	placed on the agenda. I the board office at 225, for the 12 hours of con	Please see the list of scheduled /756-3488. ntinuing education required for	
Applicant confirms that all of the statements and represer correct.	ntations contained in th	ne application form are true and	l
Signature		Date	
Printed Name			
For Office Use Only Approved or Denied	D.		
Number of Hours Approved	Date		
Variable and Car CE and Va			
Year to be used for CE credit			
Form 012 10/16/2019			