



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

## NOTICE

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### 1. Renewals & Continuing Education (C.E.U's)

Renewals can be completed **online or by mailing** the application to the office for processing. First year applicants are **not** required to take CEU's their first year but must renew regardless of when the initial registration was received. It is the Licensees responsibility to only take Louisiana State Approved continuing education as shown on the LABMT website and that certificates submitted have the required approved **LCEU#** on the certificate. Each license expires March 31st each year regardless of when the initial registration was completed.

#### a. Extensions & Waivers

It is the Board's stance that based on the law, that NO EXTENSIONS or WAIVERS be given in regards to renewals regardless of the circumstances. Each Licensed Massage Therapist has 3 months to renew their professional license between January 1<sup>st</sup> and March 31<sup>st</sup>, this is ample time to renew your license. **It is advised that licensees submit their renewal no later than 72 hours prior to March 31<sup>st</sup>.**

#### b. Carry Over CEU hours

Any CEU's beyond the required 12 taken on or after April 1<sup>st</sup>, 2022 can be carried over for ONE renewal cycle. For example, if 24 CEU's were taken between April 1<sup>st</sup>, 2022 and March 31<sup>st</sup>, 2023, 12 of the extra CEU's can carry over to the next renewal cycle. **It is the responsibility of the licensee to submit the carry over CEU's for the next renewal cycle.**

### 2. Notifications/Status updates

During the renewal process email notifications will be sent to the email address on file with status updates.

#### **Received:**

Indicates that your application was received only. This email does not mean your application was approved.

#### **Approved:**

Indicates that your license was successfully renewed and available to print from your dashboard

#### **Denied:**

Indicates that there were issues with your renewal. In most cases this means not all certificates were uploaded or the CEU's taken were **not** approved by the board and will need to be taken. **For this reason, it is advised that licensees submit their renewals no later than 72 hours prior to March 31<sup>st</sup> so ample time will be available to make any correction and avoid the \$100.00 late fee.**

### 3. Responsibility of each licensee

It is the sole responsibility of the licensee to verify each status of the renewal process. If you do not receive the initial email indicating your renewal was "received" first check your junk/spam folder then email [info@labmt.org](mailto:info@labmt.org) to confirm receipt. **Any denied renewal submitted that is not corrected by March 31<sup>st</sup> will require a \$100.00 late fee.** Please submit your renewal at least 72 hours prior to the deadline of March 31<sup>st</sup>.

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### Louisiana **Professional License Renewal**

**Renewal Fee: \$125.00**

**Cashier's Check or Money Order Only – Payable to LBMT**

**Late Fee: \$100.00 if received or postmarked after March 31st**

Date	
License Number	

#### Contact Information: Home address only **must be a place of residence, cannot be a place of business or PO Box**

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

#### Mailing Address:

Street								
Suite/Apt#				City				
State					Zip			

#### Name of Professional Location #1

If you have no other address where you are working, please put your home address in this location.

**Home** (P.O. Box will not be accepted) Hide this location from searches **Yes** **No**

Street								
Suite/Apt#				City				
State					Zip			

#### Professional Location #2

Establishment Name						Establishment #					
Establishment Address											
Suite #			City			State			Zip		
Business Phone											

#### Professional Location #3

Establishment Name						Establishment #					
Establishment Address											
Suite #			City			State			Zip		
Business Phone											

**Professional Location #4**

<b>Establishment Name</b>				<b>Establishment #</b>			
<b>Establishment Address</b>							
<b>Suite #</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Business Phone</b>							

**Professional Location #5**

<b>Establishment Name</b>				<b>Establishment #</b>			
<b>Establishment Address</b>							
<b>Suite #</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Business Phone</b>							

**Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to:**

- a) Any type of felony: **Yes** **No**
- b) Any type of sexually related misdemeanor: **Yes** **No**
- c) If **"Yes"** provide details on a separate sheet and submit any relevant documents (court pleadings, arrest records, etc.) to be reviewed. Not providing this information will delay processing.
- d) Have you ever been refused, revoked, suspended, encumbered or otherwise restricted any professional license by any state?

**Yes** **No** If **"Yes"** what were the circumstances, please explain:

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**I am a first year applicant and not required to take CEU's until the next renewal cycle** **YES** **NO**

**I have carry over CEU's taken on or after April 1<sup>st</sup>, 2022 which I have attached** **YES** **NO**

**I certify that:**

**Registrant confirms to obey the laws, rules and standards of this state and maintain the honor and dignity of the profession**  
**Registrant further confirms that all of the statements and representations contained in the registration 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 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.**

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_