



## LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E, Baton Rouge, LA 70816  
225/756-3488 www.labmt.org

### VERIFICATION OF LICENSURE

Please Print or Type

Original Form must be mailed to the address above for verification to be processed.

#### Section I - (Completed by Applicant)

The undersigned hereby authorizes the board to release all information in its file, favorable or otherwise, regarding my license.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street Number & Name or P.O. Box City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License No. \_\_\_\_\_ Last or Current year of Licensure \_\_\_\_\_

#### Section II – (Where to mail or fax completed verification)

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Number & Name or P.O. Box City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

**Section III – (Completed by Louisiana Board of Massage Therapy)**

This certifies that \_\_\_\_\_  
Name of licensee

License No. \_\_\_\_\_ Licensed Since Date \_\_\_\_\_

Current License or Last License Date Issued \_\_\_\_\_ Expiring Date \_\_\_\_\_

**Current status of license:**

Active \_\_\_\_\_ Lapsed \_\_\_\_\_ Inactive \_\_\_\_\_ Denied\*\* \_\_\_\_\_ Suspended \_\_\_\_\_

Revoked \_\_\_\_\_ Disciplined\*\* \_\_\_\_\_ Expired \_\_\_\_\_

**\*\*Attached is a copy of the Findings of Fact and Decision.**

\_\_\_\_\_ **Louisiana Board of Massage Therapy has no records on file for individual's license that are lapsed for five (5) years or more.**

**License/Registration/Certification Issued Based On:**

**A. Education Requirements:**

\_\_\_\_\_ Compliance with Louisiana Requirements as stated in Title 46 Part XLIV. Chapter 11, §1101 [B]. (The minimum 500 in-class hours 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.)

\_\_\_\_\_ Reciprocity – Board Approved based on licensure in the State of \_\_\_\_\_

\_\_\_\_\_ Grandfather requirements

\_\_\_\_\_ Other \_\_\_\_\_

**B. Testing:**

\_\_\_\_\_ National Examination a.MBLEx b.NCBTMB c.NCCAOM d.Other\_\_\_\_\_

\_\_\_\_\_ State Examination

Signature \_\_\_\_\_

(LBMT Representative)

Date

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

(STATE SEAL)