



LOUISIANA BOARD OF MASSAGE THERAPY

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

225/756-3488 www.labmt.org

Email: admin@labmt.org

VERIFICATION OF LICENSURE

Please Print or Type

Signed Form must be mailed/emailed to the address/email 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 on File w/LBMT: _____

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 send completed verification)

All verifications will be emailed to the email address listed below unless otherwise specified.

Name _____

Email Address: _____

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

Telephone No. (_____) _____ Fax No. (_____) _____

_____ Email _____ Fax _____ Mail (Only one may be chosen)

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)