



Louisiana Board of Massage Therapy
9619 Interline Ave
Suite B
Baton Rouge, LA 70809
225-756-3488
www.labmt.org

Louisiana Application for Licensure- **RECIPROCITY**
Non-Refundable Application Fee - \$75.00
Cashier's Check or Money Order Only – Payable to LBMT

Effective 9/9/2024 – For security reasons, The Louisiana Board of Massage Therapy **can no longer accept walk-ins at the office**. All visitors will be required to schedule an appointment in advance. As a state office, all visitors are required to show a government issued ID upon arriving.

Reciprocity Qualification Check List:

Do you currently hold a license in another state that has been active for 1 year and is in good standing?

YES

NO

If **NO**, you do not qualify for RECIPROCITY and must apply for licensure as a new applicant. Please visit our website and use the "Louisiana Application for Licensure" form

a.) Do you have a license in the state of Louisiana that is in lapsed status?

YES

NO

If **YES** move to question b.

b.) Do you have a current license in another state(s) that has been active for 5 consecutive years?

YES

NO

If **NO**, to question "b" you do not qualify for Reciprocity. If you have not practiced for five years consecutively in another state(s) you will need to apply under the lapsed application. Please visit our website and use the "Lapsed License Application" or contact the office for clarification on which application to use.

Do you currently hold an active license in another state but have, **NOT taken a National Exam**?

YES

NO

If **YES**, you do not qualify for Reciprocity but may qualify under Louisiana ACT No. 253, "Welcome Home Act". Please visit our website and use the "ACT 253 Welcome Home" application or contact the office for clarification on which application to use.

1. Application

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit. Affidavit must be dated within 30 days of the date the application is received at the LBMT Office. All questions must be answered or the application will be returned. Incomplete applications will also be returned. **The board office may contact the applicant if clarification is needed regarding any information submitted. If the board office requires an application to be reviewed by the Board members, the applicant will be notified in writing and email.** Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application.

2. Application fee of \$75.00

Cashier's Check or Money Order only, signed and payable to LBMT. This initial fee covers the processing of this application. Once the application has been approved, the applicant will be notified and must then submit a "Professional License Registration" form and pay the massage therapist license fee.

3. Background Check - Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The criminal background history must cover a period of at least five years preceding the date of the application.

a) The background process is initiated by enrolling through **Identogo** using the **unique service code** for the Louisiana Board of Massage Therapy. A **Background Authorization Form** is also required with this application authorizing the LBMT designee to access your background check electronically. Please see the attached instructions for both Louisiana residents and out-of-state applicants included with this application. If you have any questions, please contact Identogo for assistance. 844-539-5543

- b) **Background Disclosure Information** -The Louisiana Board of Massage Therapy may use the criminal convictions of applicants as a basis for denial of an application for licensure. The Board is required to consider the following factors in deciding whether to grant a license to an applicant with one or more criminal convictions: (1) the nature and seriousness of the offense(s); (2) the nature of the specific duties and responsibilities for which the license is required; (3) the amount of time that has passed since the conviction(s); (4) facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

4. **Official Transcript/Educational Hourly Standards**

- a) Applicant must submit an **original sealed transcript with their application**. The board shall verify the validity of transcript submitted as well as the validity of the school with the state's licensing or registration agency.
- b) The transcript should show hours required by Louisiana Law and substantially conform to the requirements in force of this state as determined by the Board. 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 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. To verify this requirement, a course catalog, course syllabus or course description from the school may be requested. It is highly recommended that applicants applying through reciprocity include a copy of a course catalog with the application to expedite processing.
- c) If the applicant is submitting an educational transcript from any school which does not allow a determination of "in-class" or clock hours, the school must submit information necessary to convert credit hours shown on the transcript into "class hours" to verify that the applicant has met the educational requirements of in-class hours. It is the applicant's responsibility to obtain the necessary information to verify compliance with the educational requirements.
- d) In order to satisfactorily complete course requirements to be eligible for licensure, massage school students must have graduated from the school with passing grades and must have attended at least 90 percent of class hours in each subject matter offered in the supervised course of instruction, as reflected by attendance records taken at the beginning of each class meeting. To verify this requirement, attendance records may be requested.

5. **Online Courses**

Any online courses must be identified on the official transcript. If online courses are not listed on the transcript please provide, on a separate sheet, any courses taken online and the number of clock hours associated with each online course.

6. **National Exam**

Applicant must present proof of passing a National Exam and/or MBLEx. (Title 46 Part XLIV. Chapter 13, §1301). Proof of passing the exam must be received **directly from the examination agency**.

7. **Photo**

Enclose one (1) 2" x 2" passport photo

8. **Identification**

Enclose a copy of a government issued ID. Military ID, Driver's License and or Official State ID

9. **License Verification**

Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state via mail or email – admin@labmt.org.

10. **Third Party Authorization**

If this application is completed by any individual other than the applicant listed, a Third Party Authorization form is required. This form is located on the LBMT website on the download forms page under "other forms".

TYPE OR PRINT (legibly) THE INFORMATION BELOW.
ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED

1. Name, Date of Birth, Social Security #

First		Middle Initial		Last	
Date of Birth		Social Security #			
Phone # (1)		Phone # (2)			

2. Profiles for the LABMT website will be created by the office based your personal email address.

Email Address:	
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3. Home Address. This must be a place of residence – cannot be a place of business

Street					
Suite/Apt#		City			
State		Zip			

4. Mailing Address Use Home Address: Yes

Street					
Suite/Apt#		City			
State		Zip			

5. Residency - Enclose a copy of a government issued ID. Military ID, Driver's License and or Official State ID

Are you currently a resident of Louisiana? **Yes** **No**

If Yes – How long have you lived in Louisiana. (days/weeks/months or years) _____

If not a resident of Louisiana, which state do you currently hold residency? _____

6. List all States in which you have lived for the last 5 years including how long. (days/weeks/months or years)

State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	
State		How Long : weeks/months/years	

7. **Massage Therapy Education:** Is the school listed below still in operation? **Yes** **No**
If **yes** - provide the phone number and website of the school.

Name of School	
Location: (City/State)	
Attendance Dates: (Start Date – End Date)	
Phone Number of School :	
Website if applicable:	

a) **Online Education**

Courses taken online must be listed on the transcript indicating the number of clock hours of each online course. If not indicated on the transcript, the school must provide, on a separate sheet, any courses taken online and the number of clock hours associated with each online course. It is the sole responsibility of the applicant to ensure this information is submitted if online courses were taken.

b) **Online Education**

No courses were taken online **YES** **NO**

Some courses were taken online **YES** **NO** Total Clock Hours: _____

All courses were taken online **YES** **NO** Total Clock Hours: _____

8. **Exam Taken:** MBLEx National Exam **Verification must be sent directly to LBMT**

Date Exam Taken & Passed	
Date the exam verification was requested to be sent to the LBMT office	

9. **List all states in which you have ever been issued a massage therapy license, and if each license is current or expired.** Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state.

State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	
State:		Lisc. #		Current		Expired	

10. **Have you ever owned a massage Business in Louisiana or any other state?**

YES **NO** If YES, please list on an additional sheet

11. **Have you ever had a Professional Massage License or Business License in any state suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy**

YES **NO** If **YES**, please explain on an additional sheet

12. **Do you have any disciplinary action or investigation pending in regards to the practice of massage therapy or a massage business?**

YES **NO** If **YES**, please explain on an additional sheet

13. **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 (typed) and submit any relevant documents (court pleadings, arrest records, etc.) to be reviewed. Not providing this information will delay processing, | | |

14. **Have you ever been refused, revoked, suspended, encumbered or otherwise restricted any professional license by any state?**

YES **NO** If **YES** please explain on an additional sheet.

15. **Background Check:**

- a.) The background check process should be initiated prior to or at the same time the application is completed. Please provide the date the background check was requested to be sent to the LBMT office in the box below.

Date the Background Check was requested to be sent to the LBMT office	
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- b.) Complete the enclosed background authorization form and include with this application. This form authorizes the LBMT designee permission to receive the background check.

16. **Third Party Authorization**

Was this application completed by anyone other than the applicant listed? **YES** **NO**

If **YES**, include the Third Party Authorization form with this application. This form is located on the LBMT website on the download forms page under "other forms".

ADDITIONAL INFORMATION

- Make copies for your record. Documents sent with this application will NOT be returned.
- Please mail your completed application to the address listed on the first page.
- Incomplete applications will be returned along with a notice indicating the reason for return. Copies cannot be accepted
- It is the applicant's responsibility to understand all rules, laws and standards BEFORE submitting the application. If you have any questions please contact the office for assistance.
- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- Correspondence will be sent via email or USPS to the address listed on this application. It is the responsibility of the applicant to review any emails or documentation sent via USPS from the board office and to respond accordingly. If you are not receiving notifications from the board office via email, please check your email spam folder.

- If your application is approved an official notice will be sent via email to the email address on this application advising that the applicant can now register their license through the website by using the “Professional License Registration” link. Approved applicants will have to register their license within 45 days from the date the email\letter was received.
- After the “License Registration” is processed and email notification will be sent and the license can be printed from your dashboard on the LABMT website.

Verifying Affidavit

The undersigned applicant does hereby confirm to be the person listed on this application and completed this application. The undersigned also attests to be a citizen or legal resident of the United States, has the ability to read, write, speak and understand English fluently, and has read and understands the laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). Applicant further does hereby promise and confirm that if granted a license to practice as a Massage Therapist in the State of Louisiana, applicant will obey the laws of this State and maintain the honor and dignity of the profession.

Applicant further confirms that all of the statements and representations contained in the application form are true and correct and understands that if any such statement and/or representations are found to be false shall be a basis to have denied, 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.

Signature of Applicant

Date

Printed Name of Applicant

State of _____ Parish / County _____

Sworn to and subscribed before me this _____ day of _____ in the year of 20____.

Notary Public

Printed Name: _____ ID or Bar Roll# _____

My Commission Expires _____

SEAL



BACKGROUND CHECK AUTHORIZATION FORM
Louisiana State Police Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

APPLICANTS FULL NAME:

****PRINT – USE INK****** LAST FIRST MIDDLE

***INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:**

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____ RACE _____ SEX _____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

Revised 12/9/2024

Louisiana Board of Massage Therapy Background Check Instructions

Effective April 2025, the Louisiana Board of Massage therapy will be using a new statewide applicant processing system for criminal background checks. As a part of the new process, applicants will be required to schedule a fingerprint appointment at a location of their choosing with **Identogo**. There is a process for both in-state and out-of-state applicants. This new system is easy to use, but if you have any questions, **you can call Identogo for assistance or schedule an appointment at 844-539-5543.**

In-State Applicants

1. Please go to <https://uenroll.identogo.com> and use the following unique service code **27N68S**, which allows the system to identify which agency, is requesting the background check. You must enter this code when registering. If you do use the code specific to the LBMT, you will not be able to proceed. You are requesting a state and federal background check.
2. Select "Schedule or manage an appointment." Make an appointment at an office location and time that is convenient for you. This is a very simple process where you enter basic information and then select a date, time, and location for your appointment.
3. When you go to an Identogo office, your identity will be verified and your prints obtained via the Livescan technology.
4. You will pay Identogo directly for this service. Applicants may pay by credit/debit card, check or money order.
5. Once you have completed the appointment, the fingerprints are electronically submitted to Louisiana State Police (LSP) and the background check will be processed.
6. LSP will send the results via a secure interface to LBMT within approximately 3 days.
7. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
8. A list of identification documents needed is provided on the Fingerprint Service Code Form.

Out of State Applicants

The process is similar if you are applying from outside of Louisiana, in the United States, or from a country that has an Idemia office with the Livescan technology.

1. If you reside in a state with Idemia/Identogo services, you can schedule a Livescan print in the same manner for in-state applicants.
2. Pre-enroll for Livescan Processing at <https://uenroll.identogo.com> entering the unique service code **27N68S**.
3. Use the zip-code lookup to find the most convenient location for your fingerprinting process. If no location is available within 100 miles or you do not wish to visit the identified location, there is an option to switch to card scan processing.
4. If your state (or country) does not have Idemia/Identogo services you must obtain a printed fingerprint card from a local law enforcement agency and mail your prints in for card scan processing. This process is completed through the same website <https://uenroll.identogo.com>. To mail in cards you must pay for the service online and use the shipping label provided.
5. Livescan results should be available through the secure interface within 3 days. Results for mailed in cards should be available within 7 days.
6. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
7. A list of identification documents needed is provided on the Fingerprint Service Code Form.

Louisiana State Board of Massage Therapy Licensure -USE ONLY

IdentoGO®

Fingerprint Service Code Form

Service Name: Louisiana State Board of Massage Therapy Licensure

To Schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

27N68S

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States



Don't have access to the Internet? You can still schedule an appointment by calling 844-539-5543.