

Louisiana State Board of Massage Therapy
RENEWAL INSTRUCTIONS 2026

The office is working with the web development team to accommodate ONLINE renewals for the 2026 renewal year. If you would prefer to renew online, please wait for further instructions. A notice will be posted on the website, emailed and mailed to all licensees when the process is available for ONLINE renewals. If you would prefer to mail in your renewal instead of waiting to renew online, you can do so with the paper renewal form.

As a reminder - Although renewal season begins January 1st, 2026 licenses do not expire until March 31st, 2026. This will allow ample time for renewals and does not change any rules, laws or policies regarding renewals or continuing education.

- 1. It is advised when sending paper renewals to the office, to pay for tracking services to ensure delivery.** The office is not responsible for applications that are delayed, lost or delivered to the wrong address. All renewals will be processed in the order in which received. Any renewal receive the last week of renewal season may take up to 5 (five) days to process. **It is advised that licensees submit their renewal no later than five days prior to March 31st. This will allow ample time for corrections if the application is denied.**
- a. Renewals, Continuing Education (C.E.U's) & Working Establishment:** Each license expires March 31st each year regardless of when the initial registration was completed. First year applicants are **not** required to take CEU's their first year but must renew regardless of when the initial registration was received. Upload a typed or hand written paper that indicates "First year of licensure – no CEU's required"
- b.** It is the licensee's responsibility to **only take Louisiana State Registered** continuing education as shown on the LABMT website and the **certificates submitted have the required LCEU#** course number on the certificate. If the provider did not put the LCEU# on the certificate contact the provider and write the number on the certificate. Do not assume your CEU is approved unless verified on the LBMT website. This includes association continuing education such as the AMTA, ABMP or FSMTB. Each course must be registered with the board by the provider. For more information please visit the Notes/Reminder page on the LBMT website
- c. CEU Transcripts will not be accepted** (Example, association transcripts such as the AMTA of all courses taken) Certificates of completion must be uploaded / included with paper renewal.
- d. Extensions & Waivers -** Based on the law, no extensions or waivers can be given in regards to renewals regardless of the circumstances. Each Licensed Massage Therapist has 3 months to renew their professional license between January 1st and March 31st and a year to complete all continuing education.
- e. Carry-over CEU hours -** Any CEU's beyond the required 12 taken the **prior** renewal year, can be carried over for ONE renewal cycle. For example, if 24 CEU's were taken between April 1st, and March 31st for the prior renewal year, 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.**
- f. Establishments & Solo Practitioner Registrations -** No massage therapist shall work at an establishment that is not licensed by the Board. Establishment License and Solo Practitioner Registration number(s) are required for renewal. It is the therapist responsibility to ensure this information is provided and that they are working at a registered Establishment or registered as a Solo Practitioner. Therapist who work from their home or offer Mobile Massage are NOT required to register as a Solo Practitioner. Please review the FAQ page under Massage Establishments on the LBMT website for clarification. Massage establishments shall NOT include working in a physician's office, physical therapy facility, chiropractic office or higher education sports facility.



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

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

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.

Date		License #	
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Are you currently living out of state and NOT practicing in Louisiana. **YES** **NO**

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 box.

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

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

Professional Location #5

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

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 on separate sheet

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 from the last renewal season which I have attached **YES** **NO**

Continuing Education Courses for 2026 Renewals Must Be Taken Between 4/1/2025 to 3/31/2026
Carryover Continuing Education Courses Must Be Taken Between 4/1/2024 to 3/31/2025

Please list CEU course information below for each course, including any carry over CEU's from the previous renewal year (see "e" on first page). Include copies of all certificates for both current and carry over CEU's.

Date Taken	LCEU#	Course Name	CEU Credits
Please use additional sheet if needed ---Total			

Please Remember to Include All CEU Certificates – Including Certificates for Any Carry-over CEU's

I certify that:

The undersigned does hereby certify to be the person referred to on the application and the statements contained herein are true and correct and understand that any incorrect and or incomplete renewals will be returned via USPS along with payment. This includes working at establishments that are not licensed, establishments that require solo practitioner registrations, as well as CEU's that are not registered/approved by the Board (LCEU#). If your renewal is returned and not resubmitted correctly by March 31st a late fee of \$100.00 will be required. Any renewal not received by March 31st will require a \$100.00 late fee.

The undersigned further certifies to have read and understands the Louisiana Revised Statutes Title 37. Professions and Occupations Chapter 57. Massage Therapists and Establishments and RULE Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS Part XLIV Massage Therapists and will comply with all requirements set forth therein.

Print Name: _____

Date: _____

Signature: _____