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

Application for Licensure: Return to ACTIVE STATUS

$125.00 Application Fee
Cashiers Check or Money Order Only

REQUEST TO RETURN TO ACTIVE STATUS

Pursuant to La. R.S. 46, Part XLIV, Chapter 17, §1701 E, in order to move from Inactive Status to Active Status, the following provisions are applicable:

1. The therapist must submit this Request to Return to Active Status together with payment of a license renewal fee in the amount of $125.00, as provided in R.S. 37:3562
2. Licensee must submit evidence of having completed a minimum of 24 hours of continuing education units within two years of the date of this application.
3. Certificates must be attached
4. Your date to return to active status will be the date of approval

INSTRUCTIONS

1. **Application**
   a. Original documentation only, no copies will be accepted.
   b. Applications must be submitted correctly and legible prior to review. All questions must be answered, documentation included, and payment submitted.
   c. Incomplete applications will be returned and require resubmission along with payment.
   d. The Board office will contact the applicant if clarification or additional documentation is needed
   e. If the Board office requires any application to be reviewed by the Board for approval, the applicant will be notified in writing
   f. Email is the first method of correspondence and will be sent to the email address listed on this application. If necessary, USPS will be the second method of contact and sent to the address listed on this application.

2. **Payment**
   a. $125.00 Cashiers check or money order only, made out to LA Board of Massage Therapy.
   b. Payment is Non-Refundable and covers the processing of this application
   c. If approved, the applicant will be notified of eligibility to be licensed and required to submit a professional license registration for licensure.

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

4. **Third Party Authorization**
   a. 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".

5. **Processing, Mailing, Documentation**
   a. Mail completed application to the address listed above and make copies of ALL documentation for your records as they will not be returned. The office can only make copies if a money order is received in the amount of .25 cents per page.

b. **Pay for tracking services** when sending the completed application to the office. The office is not responsible for any delivery issues or lost applications.
c. For security reasons, the office cannot accept walk-ins and all visitors must schedule an appointment in advance.
d. Applications are reviewed and processed in the order received and cannot be processed at scheduled appointments.

ACTIVE STATUS APPLICATION

PERSONAL INFORMATION					
First		Middle Initial		Last	
Phone #1			Phone #2		
Email					
License Number			Expiration Date		

HOME ADDRESS					
Street Line 1					
Street Line 2					
City		State		Zip	

MAILING ADDRESS **USE HOME ADDRESS**					
Street Line 1					
Street Line 2					
City		State		Zip	

Do you currently only work from home or offer Mobile Massage?
YES No

WORKING LOCATION #1							
Establishment Name					**Establishment #**		
Establishment Address							
Suite #		**City**		**State**		**Zip**	
Business Phone							

WORKING LOCATION #2							
Establishment Name					**Establishment #**		
Establishment Address							
Suite #		**City**		**State**		**Zip**	
Business Phone							

WORKING LOCATION #3							
Establishment Name					**Establishment #**		
Establishment Address							
Suite #		**City**		**State**		**Zip**	
Business Phone							

DISCLOSURE **If YES to with of the below questions, please include all documentation related to the question.**	
Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to any type of felony	☐ Yes ☐ No
Do you have a trial pending, or have you ever been convicted, plead guilty or no contest to any sexually related misdemeanor	☐ Yes ☐ No
Have you ever been refused, revoked, suspended, encumbered or otherwise restricted ANY PROFESSIONAL LICENSE by Louisiana or any state?	☐ Yes ☐ No

CONTINUING EDUCATION: 24 CEU's are required to return to Active Status and courses must be taken within 2 years of this application. Include all certificates of completion with this application			
Date Taken	**LCEU#**	**Course Name**	**CEU Credits**
		Please use additional sheet if needed ---Total	

_____ _____

Print Name Date

_____

Signature of Applicant