



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

Application for Licensure: LAPSED LICENSE

\$75.00 Application Fee: Non-Refundable
Cashiers Check or Money Order Only

LAPSED license Eligibility Check List

Do you currently have a Lapsed License in the State of Louisiana for Massage Therapy? Therapists whose licenses are currently in lapsed status may qualify to return to active status.	Yes	No
Do you have a license in the state of Louisiana that is in lapsed status with no disciplinary actions and held an active license in another state for at least 5 years? If YES, you may qualify through Reciprocity, see the application on website or contact the office for clarification	Yes	No
Has your Louisiana license been suspended, revoked or restricted in any way? If YES, you may not be eligible to have your lapsed license reinstated and or may require approval from the board. Please contact the office before completing this application.	Yes	No

INSTRUCTIONS

1. Application

- Original documentation only, no copies will be accepted.
- Applications must be submitted correctly and legible prior to review. All questions answered must be, documentation included, and payment submitted.
- Incomplete applications will be returned and require resubmission along with payment.
- The Board office will contact the applicant if clarification or additional documentation is needed
- If the Board office requires the application to be reviewed by the Board for approval, the applicant will be notified in writing
- 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

- \$75.00 Cashiers check or money order only, made out to LA Board of Massage Therapy
- Payment is Non-Refundable and covers the processing of this application
- If approved, the applicant will be notified of eligibility to be licensed and required to submit a professional license registration for licensure.

3. Background Requirements

- 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.
- The background process is initiated by enrolling through **Identogo** using the unique service code for the Louisiana Board of Massage Therapy. Please see the instructions for both in-state and out-of-state applicants included with this application. If you have any questions please contact Identogo for assistance 844-539-5543

4. Background Disclosure Information

- a. The LBMT 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 convictions. The nature and seriousness of the offenses; the nature of the specific duties and responsibilities for which the license is requires; the amount of time that has passed since the convictions; the facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offence(s); and evidence of rehabilitation or treatment undertaken by the person since the conviction.

5. Louisiana License Verification

- a. Documentation showing Louisiana License Number
- b. The LBMT office will exhaust all resources to assist in confirming previous licensure however, the burden of proof lies solely on the applicant. Lapsed licensees should call the office prior to completing this application if they are unable to provide a copy of their old license. If the applicant is unable to provide any of the required information and the original application file in the office has been archived, the lapsed licensee may not be eligible to return to active status. Any license that has been suspended, revoked or restricted may not qualify or may require approval by the Board. If you have any questions please contact the office.

6. Photo

- a. Enclose one (1) 2" x 2" Passport Photo

7. Identification

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

8. 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".

9. 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.

10. Lapsed License Registration

- a. If the application is approved your license will need to be registered and shall include, 24 Board approved C.E.U's (taken within the current licensure year) along with a \$575.00 Cashier's Check or Money Order.

PROFESSIONAL LICENSE APPLICATION - LAPSED

PERSONAL INFORMATION					
First		Middle Initial		Last	
Preferred Name					
Date of Birth			Social Security #		
Phone #1			Phone #2		
Email					

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

LOUISIANA LICENSE VERIFICATION			
If the applicant is unable to provide any of the required information and the original application file has been archived, the lapsed licensee may not be eligible for reinstatement. The burden of proof to show previous licensure lies solely on the applicant. Contact the office for assistance			
Lapsed License Number		<i>Provide documentation with this application</i>	
First Year of Licensure		Lapsed Year	

RESIDENCY / IDENTIFICATION			
Us Citizen	Yes	No	Louisiana Resident
			Yes
			No
If Louisiana Resident - How long have you lived in Louisiana			
If NOT a Louisiana Resident – Which state do you hold residency			
List all States lived in past 5 years, including how long (weeks, months or years)			
State:		How Long:	
State:		How Long:	
State:		How Long:	

State:		How Long:	
State:		How Long:	

Background Information	
The background check process should be initiated prior to or at the same time the application is completed.	
Date Background Check was requested to be sent to the LBMT Office	
DISCLOSURE	
If YES to any of the below questions, please list on a separate page, include license # and status (expired, active etc)	
Do you have or had a massage license in another state(s)?	Yes No
Have you owned or own a massage business in any state(s)?	Yes No
Have you ever had any massage license or massage business license suspended, revoked, or received ANY disciplinary actions in regards to the practice of massage in any state?	Yes No
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

List all states you have every been issued a massage license							
State		License #		Issue Date		Expiration Date	
State		License #		Issue Date		Expiration Date	
State		License #		Issue Date		Expiration Date	
State		License #		Issue Date		Expiration Date	

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 located on the website, labmt.org	

Verifying Affidavit

Verifying Affidavit must be dated within 30 days of the date the application is received by the LBMT Office

The undersigned applicant does hereby confirm to be the person named on this application, is 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). If the application was not completed by the listed applicant, a third party authorization form is enclosed. 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 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 it shall be a basis to have the license 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

Return This Form With Application

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.