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

Application for Licensure: WELCOME HOME

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

The Louisiana Welcome Home Act, may apply to applicants that hold an active license in another state that is in good standing for at least one year, have not taken the national exam, may not qualify for reciprocity and can provide proof of residency in Louisiana. Documents Sent with this application Will NOT be Returned – Make Copies for Your Record

If you have a current massage therapy license from another state that has been active for one year, is in good standing, and can show proof of residency in Louisiana, you may qualify for Louisiana licensure through the Welcome Home Act. As required by the Welcome Home Act, residency is confirmed by producing proof of one of the following: current Louisiana state-issued identification card, Louisiana state-issued voter registration card or Louisiana Homestead Exemption documentation. If the required information for residency cannot be provided at the time of application, a notarized Letter of Promise of Employment for the applicant or spouse must be submitted. A Letter of Promise of Employment allows for temporary licensure until proof can be provided to the Board within six months of license registration.

INSTRUCTIONS

1. **Conditions of the Welcome Home Act**
   a. The applicant has a current license in another state, and that state holds the applicant in good standing
   b. The applicant does not have a disqualifying criminal record as determined by the Louisiana Board of Massage Therapy under state law
   c. If the applicant has a disciplinary action or investigation pending, the board in this state shall not issue or deny a license to the applicant until the disciplinary action or investigation is resolved or the person otherwise meets the criteria for a license in this state to the satisfaction of the Louisiana Board of Massage Therapy
   d. The applicant lives in Louisiana and provides proof of residency as required by the Welcome Home Act
   e. A person who obtains a license through the Welcome Home Act is subject to the laws and the jurisdiction of the Louisiana Board of Massage Therapy (located on the board's website – (www.labmt.org)
   f. A license issued under the Welcome Home Act does NOT make the licensee eligible to work in another state under an interstate compact or transfer to another state through reciprocity
   g. The Board shall provide an applicant with a written decision of approval or denial within **sixty-days** after receiving a completed application
   h. If approved, Louisiana licensure is only applicable during residency in Louisiana. Proof of residency is required at the time of renewal or at any time determined by the Board or Board office.
   i. The licensee, in writing, shall notify the board office if the licensee no longer resides in Louisiana within 30 days. Failing to do so may result in fines, penalties or disciplinary action by the Board.
   j. Should the licensee choose to return to Louisiana at a later date a new application and registration will be required.
   k. An applicant may appeal a board's decision of denial to a court of general jurisdiction as stated in Louisiana Act No.253, number §56. Appeal.

2. **Proof of Residency**
   An applicant transferring to Louisiana through the Welcome Home Act must show proof of Louisiana residency by producing at least **one of the following with this application**:
   a. Current Louisiana state issued driver's license
   b. Current official Louisiana identification card
   c. Louisiana state-issued voters registration
   d. Current Louisiana homestead exemption statement

   Any address showing proof of residency cannot be for a commercial business unless properly zoned for both commercial and residential living. **If the applicant is unable to provide proof of residency at the time of application a Notarized letter of Promise of Employment shall be included for the applicant or spouse.**

3. **Notarized Letter of Promise of Employment**

If an applicant cannot provide proof of residency as listed above, **a Notarized Letter of Promise of Employment** from the employer of the applicant or spouse shall be included with the application. A **Notarized Letter of Promise of Employment** is a signed written agreement between an individual and employer promising employment.

a. **Using a Notarized Letter of Promise of Employment for a Massage Therapist:**

A notarized letter of **Promise of Employment** is required with the application. The notarized letter shall include the massage therapists name, business name, owner name/manager or HR department head name, business address, business phone number, starting date of employment, and owner/manager or HR department head signature. Once the applicant has the Promise of Employment letter, it is the applicants responsibility to have the letter notarized. If the licensee intends to work at multiple establishments, a Promise of Employment Letter from each employer is required. If approved, a temporary license will be issued to work at the location(s) until proof of residency can be provided to the office. See conditions of temporary licensure below. Because a temporary license is only valid for six months, and requires proof of residency before the expiration date of the license - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after license registration.

b. **Using a Notarized Letter of Promise of Employment for the Massage Therapist's Spouse:**

An applicant can provide a spouse's notarized letter of Promise of Employment or spouse's proof of employment if the applicant does not have a Promise of Employment letter from a massage establishment. The notarized Letter of Promise of Employment for the spouse shall include the spouses name, business name, owner name/manager or HR department head name, business address, business phone number, starting date of employment, and owner/manager or HR department head signature. Once the applicant has the Promise of Employment letter for their spouse, it is the applicant's responsibility to have the letter notarized. If approved, the applicant will be issued a temporary license. See conditions of temporary licensure below. Because a temporary license is only valid for six months, and requires proof of residency before the expiration date of the license - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after license registration.

c. **Conditions of Temporary Licensure:**

If the application is approved through a Letter of Promise of Employment, a temporary licenses cannot be registered online, and will require a paper license registration form located on the LBMT website. (LBMT.org, Massage Therapists, Download Forms, "Professional License Registration Form"). Each temporary license is processed manually and will be emailed to the licensee unless requested to be sent via mail. All temporary licenses will be issued with a an expiration date of six-months from the issue date. The licensee will have six-months to provide proof of residency to the board office. Once proof of residency is received the license will be reissued with the regular "LA" license number and expire on March 31st regardless of issue date. If proof of residency cannot be provided by the expiration date, the license shall be invalid, will require a new application, registration, proof of residency and all applicable fees. Only one temporary license can be issued per applicant. Because a temporary license is only valid for six months and requires proof of residency before the expiration date - it is advised that the applicant not submit the application until they are certain proof of residency can be provided within the six-month period after registration.

4. **Application Requirements**
   a. **Application fee of $75.00 –** Non-Refundable Cashier's Check or Money Order only, signed and payable to LBMT.
   b. Applications must be legible, all questions answered, and all documentation received for review. Incomplete applications will be returned, require resubmission, and payment. The Board office will contact the applicant via phone, email or USPS if clarification is needed regarding any information submitted. **If the board office requires an application to be reviewed by the Board, the applicant will be noticed via certified mail, regular mail, and or email to appear before the Board at the next scheduled Board meeting.**
   c. The Board office will use the contact information on this application to communicate with the applicant. The Board is not responsible for applicants that are non-responsive, and will only hold the application for 30 days. If the application is returned a new application is required along with payment.
   d. The signed and notarized verifying affidavit with this application must be dated within 30 days of the date the application is received at the LBMT Office.

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

c. 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

6. 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.

7. Photo

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

8. Identification

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

9. License Verification

a. 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

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".

11. 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.

PROFESSIONAL LICENSE APPLICATION – WELCOME HOME

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	

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)**	
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