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

Application for Licensure: CEU PROVIDER RENEWAL

$100.00 Application Fee: Non-Refundable
Cashiers Check or Money Order Only

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1. **Renewal Application**
   a. Applications must be submitted correctly and legible prior to review. All questions must be answered, documentation included, and payment submitted.
   b. Incomplete applications will be returned and require resubmission.
   c. The Board office will contact the applicant if clarification or additional documentation is needed
   d. If the Board office requires any application/courses to be reviewed by the Board for approval, the applicant will be notified in writing
   e. 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. **Approval**
   a . Upon approval the education provider shall be considered an approved provider for a period of 24 months from the date of approval.
   b . The $100.00 payment includes **two** continuing education programs at no additional fee. Each additional course is $50.00 and submitted through the separate course approval form.
   c . The providerhip and courses expire at the same time.
   d . Courses submitted during the 24 month providership period will expire the same day as the providership regardless of when the course is submitted.
   e . Any changes and/or amendments to a course (content, credit hours etc.) that has already been approved during the 24 month providership period will require the submission of a new program information form and the payment of a $50.00 program fee for each additional program.
   f. Courses must be submitted no later than 15 days before the program is scheduled to be taught.
   g. Providership and courses can be renewed every 24 months prior to the expiration date.
   h. Should a course need approval by the full Board, the applicant will be notified.

3. **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.
   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.

CONTINUING EDUCATION LICENSE APPLICATION - RENEWAL

PERSONAL INFORMATION					
Current Provider Number					
First		Middle Initial		Last	
Preferred Name					
Phone #1		Phone #2			

Provider Information – This is how students will contact you and view your information					
Business Name					
Street Line 1					
Street Line 2					
City		State		Zip	
Website					
Email					

MAILING ADDRESS ☐ **USE ABOVE ADDRESS**					
Street Line 1					
Street Line 2					
City		State		Zip	

NCBTMB			
Are you currently an NCBTMB approved provider?	☐ YES ☐ NO	If YES, provider number	
If YES, are the course submitted NCBTMB approved?	☐ YES ☐ NO		

Program Information #1 (Free With Providership)					
Is this course a new course	☐ YES ☐ NO				
Title of Program					
Total Hours of CEU Credits					
In Person Course	☐ Yes ☐ No	Online	☐ Yes ☐ No	Virtual	☐ Yes ☐ No
Presenter Name(s)					
Presenter Names Continued					

Program Information #2 (Free With Providership)						
Is this course a new course	☐ YES ☐ NO					
Title of Program						
Total Hours of CEU Credits						
In Person Course	☐ Yes ☐ No	Online	☐ Yes ☐ No	Virtual	☐ Yes ☐ No	
Presenter Name(s)						
Presenter Names Continued						

Documentation to Include for Each NEW Course:

If course(s) have been previously approved with no content changes skip to the affidavit.

☐ Course Description/Learning Outcomes

☐ Course Outline/Syllabus

☐ Instructor Credentials

Verifying Affidavit

The undersigned hereby certifies that all programs offered by the named provider will comply with the LABMT administrative rules pertaining to the approval of continuing education providers and programs as set forth in Title 46, Professional and Occupational Standards, Part XLIV, Massage Therapists, Chapter 39.

The undersigned further acknowledges the obligation of the provider:

a. To maintain attendance records for a minimum of 5 years
b. Issue certificates or letters of attendance to each participant that include the providership number, course name as approved and course number assigned by the LBMT. LMT's are required to upload each certificate during the renewal process.
c. Submit attendance records to the board via your website portal or emailing to admin@labmt.org by using the downloadable attendance form located on the LBMT website. Attendance records for each LMT are matched with course certificates, course numbers and providership numbers
d. Follow advertisement guidelines and submit documentation requested for audit purposes as requested by the board as stated in the board rules.

Failure to comply with the requirements for board approval of continuing education providers and programs may result in the revocation of any providership granted by the board and or fines.

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Signature Date