



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

Louisiana Application for Licensure – **Military Only**
Non-Refundable Application Fee - \$75.00
Cashier's Check or Money Order Only – Payable to LBMT

Military Provision for Licensure

Military provisions for licensure allows servicemembers and their spouses to use their professional licenses and certificates in certain circumstances when they must relocate due to military orders. For a license to be considered valid in a new location, a servicemember or their spouse must satisfy the following five criteria:

1. Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate because of orders for military service;
2. Provide a copy of the military orders to the licensing authority in the new jurisdiction;
3. Have actively used the license or certificate during the two years immediately preceding the move;
4. Remain in good standing with:
 - a. the licensing authority that issued the covered license or certificate; and
 - b. every other licensing authority that issued a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction; and
5. Submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

If these five criteria are met, the servicemember or their spouse's covered license "shall be considered valid at a similar scope of practice and in the discipline applied for in the new jurisdiction"

Application Instructions –Make copies for your records before mailing to the office

1. Application Timeline

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. All questions must be answered or the application will be returned. Incomplete applications will also be returned. **The board office may contact the applicant if clarification is needed on any information submitted. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing.** Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application.

2. Application fee of \$75.00

Cashier's Check or Money Order only, SIGNED & PAYABLE to LBMT. This initial fee covers the processing of this application. Once the application has been approved, the applicant will be notified of eligibility to be licensed and must then submit a "Professional License Registration" form and pay the massage license registration fee.

3. Background Check –

Certain types of criminal convictions may disqualify an individual for licensure in Louisiana. The applicant must submit a criminal background history as part of the application. The criminal background history must cover a period of at least five years preceding the date of the application and must be obtained from the Federal Bureau of Investigation of the United States Department of Justice ("FBI") or

an FBI–Approved Channeler as listed on the FBI website. FBI background checks apply to applicants who have not resided in Louisiana for a minimum of 5 years. The background report must be certified by the issuing agency, and be dated within six months of the application submission date. Questions concerning FBI background check should be directed to the FBI.

- FBI Background Checks: <https://www.edo.cjis.gov>
- FBI Phone Number: 304-625-2000
- FBI Website: www.fbi.gov

Time Requirements for Background Checks

The background history must be dated within six months of the date the application is submitted to the Board office and must cover at least the preceding five-year period of time.

4. License Verification.

Verification from each state where your license is current/active must be sent directly to the LBMT office from the issuing state.

5. National Exam

Applicant must present proof of passing a National Exam and/or MBLEx. Proof of passing the exam must be received directly from the examination agency to the Board office, listed on this application or emailed to admin@labmt.org

6. Photo

Enclose one (1) 2” x 2” color photo of yourself on photo paper. For example, a passport photo. Photos must be 2 x 2

7. Identification

- a. Enclose a copy of a government issued ID. Military ID, Driver’s License and or Official State ID
- b. Provide a copy of the military orders showing Louisiana jurisdiction

**PLEASE TYPE OR PRINT (legibly) THE INFORMATION BELOW.
ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED**

1. Name, Date of Birth, Social Security #

First		Middle Initial		Last	
Preferred Name – name used if other than legal name					
Date of Birth		Social Security #			
Phone # (1)		Phone # (2)			

2. Profiles for the LABMT website will be created by the office based your personal email address. Please do not create an additional profile through the website

Email Address:	
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3. Home Address. This must be a place of residence – cannot be a place of business

Street					
Suite/Apt#		City			
State				Zip	

4. Mailing Address Use Home Address: Yes

Street					
Suite/Apt#		City			
State				Zip	

5. List all States in which you currently hold an active massage license in the last two years. License verifications can be mailed to this office or emailed to admin@lbmt.org

State	License #	Date Issued	Expiration Date

List additional states on a separate sheet and attach to the application

6. National Exam: MBLEx National Exam
Exam verification must be sent directly to the LBMT office or emailed to admin@labmt.org

Date Exam Taken & Passed	
Date the exam verification was requested to be sent to the LBMT office	

7. Have you ever had any Massage License suspended, revoked or received any disciplinary actions in regards to the practice of massage therapy **YES** **NO**

If YES, please explain: Use additional sheet if needed (typed)

8. 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:

Application Check List:

- Cashiers Check or Money in the amount of \$75.00 made payable to the LA Board of Massage Therapy
- Requested proof of license verification be sent to LBMT office via mail or email
- Requested proof of passing National Exam be mailed or emailed to the office
- 2 X 2 Passport Photo
- Copy of a government issued ID. Military ID, Driver’s License and or Official State ID
- Copy of the military orders showing Louisiana jurisdiction
- All questions answered on application

ADDITIONAL INFORMATION

- Account profiles for the LABMT website for each applicant are created by the office using the email on this application. A temporary password will be emailed once created. Please do not create your own account or create multiple profiles.
- If your application is approved an official notice will be sent via email to the email address on this application advising that the applicant can now register their license through the website by using the “Professional License Registration” link. Approved applicants will have to register their license within 45 days from the date the email\letter was received.
- After the “License Registration” is processed and email notification will be sent and the license can be printed from your dashboard on the LABMT website.

Verifying Affidavit

The undersigned applicant does hereby confirm that the applicant is a citizen or legal resident of the United States. Has the ability to read, write, speak and understand English fluently and has read the laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). Applicant further does hereby promise and confirm that if granted a license to practice as a Massage Therapy in the State of Louisiana, applicant will obey the laws of this State and maintain the honor and dignity of the profession.

Applicant further 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 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 _____

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