

State of Louisiana



DO NOT USE THIS SPACE.
FOR OFFICIAL USE ONLY.
CERTIFICATE # _____
ISSUES _____

Board of Massage Therapy
12022 Plank Road, Baton Rouge, LA 70811
APPLICATION FOR INSTRUCTOR CERTIFICATE

COMPLETE THIS APPLICATION IN FULL AND RETURN WITH THE FEE OF \$10 FOR EACH CERTIFICATE REQUESTED. FEE TO BE MADE USING A MONEY ORDER OR OTHER CERTIFIED FUNDS. NO PERSONAL OR SCHOOL CHECKS WILL BE ACCEPTED.

This Application must be completed in full by the applicant.

The Applicant must have a certificate displayed at each location where they will be instructing.

You must include all applicable paperwork that will help us to determine your qualifications for certification. This includes an official transcript from the institution in which qualifying education was received, a copy of any licensure currently held by the applicant, copies of all Continuing Education relevant to courses desiring to be certified, and a current copy of the applicants resume.

Applicants submitting incomplete applications will have the application returned to them for completion. This will result in a delay of receiving your certificate and a delay in being eligible to instruct.

List all courses that you would like to be approved to teach. The Board will only consider approving those courses listed. If the course is not approved it will not be listed on the certificate.



LOUISIANA STATE
BOARD OF MASSAGE THERAPY

Bobby Jindal
GOVERNOR

Date of Application: _____

Name: _____

Home Address: _____

Street

City/State

Zip Code

Home Phone Number: _____ Business Phone Number: _____

Number of certificates requested: _____

Please list all schools instructor to be employed: (if none, indicate none) _____

Your Capacity (title of position): _____

Courses Teaching (list all): _____

EDUCATION:

HIGH SCHOOL:

Highest Grade Completed _____ Year Graduated _____

Did you receive a high school diploma or equivalency certificate? ____ Yes ____ No

Name and Address of high school awarding diploma or equivalency:

COLLEGE OR UNIVERSITY:

Name and Location	Dates Attended	Subject/Degree/ Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

MASSAGE THERAPY SCHOOL:

Name and Location	Dates Attended	Certificate Received
_____	_____	_____
_____	_____	_____

OTHER SCHOOLS ATTENDED – BUSINESS, TRADE, MILITARY, ORGANIZATION, ETC.

Name and Location	Dates Attended	Diploma/Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____

*****PLEASE REMEMBER TO ATTACH ALL RELEVANT DOCUMENTATION TO BE CONSIDERED (I.E. COPIES OF CERTIFICATES, DIPLOMAS, LICENSES, CEU INFORMATION, A CURRENT RESUME, AND AN OFFICIAL TRANSCRIPT FROM YOUR COLLEGE, UNIVERSITY OR OTHER SCHOOL ATTENDED).

BACKGROUND INFORMATION:

Have you ever pleaded guilty or been found guilty of a felony or crime involving moral turpitude? _____Yes _____No

If yes, attach a detailed explanation along with any charges and disposition.

Have you ever had a professional license refused, revoked or suspended?

____Yes ____No

If yes, attach a detailed explanation.

WORK EXPERIENCE:

Names and Addresses of employers for past five years:

EMPLOYER	ADDRESS/TELEPHONE	JOB TITLE	FROM	TO	REASON FOR LEAVING

REFERENCES:

Three professionals who may be contacted concerning my good moral character
(NAME/TITLE/ADDRESS/TELEPHONE)

1. _____

2. _____

3. _____

NOTE: THE FOLLOWING TO BE COMPLETED BY THE APPLICANT

AFFIDAVIT

I HEREBY SWEAR OR AFFIRMM THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE.

(PRINTED NAME)

(SIGNATURE) (DATE)

SUBSCRIBED TO AND SWORN TO IN MY PRESENCE THIS _____ DAY
OF _____, IN THE YEAR OF _____.

(SIGNATURE AND SEAL OF NOTARY)

PARISH OF _____

STATE OF _____

MY COMMISSION EXPIRES _____