

State of Louisiana

Date: _____



Do Not Use this Space. For Official
Use Only. License # _____
Issued: _____

Board of Massage Therapy
12022 Plank Road, Baton Rouge, LA 70811
APPLICATION FOR PROFESSIONAL LICENSURE
PLEASE READ CAREFULLY

**COMPLETE THIS APPLICATION AND RETURN WITH A FEE OF \$75.00
MONEY ORDER OR OTHER CERTIFIED FUNDS ONLY (No personal checks)
(Please make check out to *Louisiana State Board of Massage Therapy or LBMT*)**

Oral - given on the last Friday of each month, except for holiday weekends, when the date will be moved to the previous Friday.

Applications must be completed and postmarked 30 days prior to the test date. Completed applications must include an official transcript showing hours required by law.

National test results stating you have passed the national examination must be brought to the oral exam. Your National Pass notification will be your admittance to the oral examination.

Applicants submitting incomplete or late applications will be returned to applicant. Applicants not sitting for their scheduled exam will forfeit all fees and must resubmit an application before taking any exam.

All requests for American Disabilities Act provisions must be made in writing at the time of application.

Persons arriving after the examination has begun will not be admitted.

Test results will be handed to you at the examination.

Licenses not paid for within 45 days of test date will become invalid and will require reapplication and re-testing.

DATE OF EXAM: _____

1. NAME: _____
Mr. Mrs. Or Ms. First Middle Last

2. Date of Birth: _____ Social Security # : _____

3. Home Address: _____
Street City State Zip

4. Business Address: _____
Street City State Zip

5. Phone: Home () _____ Work: () _____ Fax: () _____

Education and Training

(YOU MUST PROVIDE OFFICIAL TRANSCRIPT FROM MASSAGE SCHOOL)

(attach others if available)

6. Name of High School _____ Date of Graduation: _____

7. Complete Address: _____

8. Name of College or University: _____

9. Complete Address: _____

10. Dates attended: From: _____ To: _____ Degree Awarded: _____

11. Major: _____ Minor: _____ Date of Graduation: _____

12. Name of Vocational School: _____

13. Complete Address: _____

14. Certificate Received: YES: _____ NO: _____ Dates Attended: From: _____ To: _____

15. Name of Massage Therapy School: _____

16. Address: _____

17. Certificate received: YES _____ NO _____ Dates attended: From: _____ To: _____

18. INCLUDE A COPY OF THE FOLLOWING, IF APPLICABLE

Out of State License: _____ **Type:** _____ **Number:** _____

Issue Date: _____ **Expiration Date:** _____

National Examination Score: _____ **Date Taken:** _____

19. EMPLOYMENT HISTORY (past five (5) years inclusive)

List current employment first:

<i>FROM</i>	<i>TO</i>	<i>EMPLOYER'S NAME / ADDRESS</i>	<i>TITLE AND DESCRIPTION OF DUTIES</i>	<i>REASON FOR LEAVING</i>

20. Is trial pending for, or have you ever been convicted, pled guilty or no contest to:

Place Picture Here

Any type of felony: YES _____ NO _____

Any sexually related misdemeanor: YES _____ NO _____

IF YES, GIVE DETAILS: _____

21. Have you ever failed examination or been refused a license for any profession by any state?

YES _____ NO _____

IF YES, GIVE DETAILS: _____

22. Have you ever had a certificate or professional license refused, revoked suspended or encumbered ?

YES _____ NO _____

IF YES, GIVE DETAILS: _____

YOU MUST SUBMIT TWO (2) 2" X 2" PHOTOGRAPHS DATED AND SIGNED, BE SURE TO INCLUDE ALL REQUESTED INFORMATION AND A CERTIFIED CHECK OR MONEY ORDER FOR THE FEE THAT IS REQUIRED. (NO PERSONAL CHECKS, PLEASE)

