



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



PROVISIONAL LICENSE APPLICATION

LICENSE FEE: \$25.00 – CERTIFIED FUNDS ONLY

DATE: _____ **TEST DATE APPLIED FOR:** _____

NAME: _____
FIRST MIDDLE LAST

MAILING ADDRESS: _____
STREET or POST OFFICE BOX
CITY STATE ZIP

PHONE: _____
HOME BUSINESS

I WILL BE WORKING UNDER THE SUPERVISION OF:

NAME: _____
FIRST LAST LICENSE NUMBER ESTABLISHMENT LICENSE NUMBER

ESTABLISHMENT LOCATION: _____
ADDRESS CITY STATE ZIP

PHONE: _____
HOME BUSINESS

AS A SPONSORING MASSAGE THERAPIST, I AGREE TO BE ON-SITE WHILE THE ABOVE PROVISIONAL LICENSEE IS MASSAGING UNDER MY LICENSE AS PER R.S.37:3560(B)

SIGNATURE – LICENSED MASSAGE THERAPIST

I AGREE TO WORK UNDER THE SUPERVISION OF THE ABOVE-SIGNED LICENSED MASSAGE THERAPIST UNTIL I AM GRANTED A STATE LICENSE.

SIGNATURE – PROVISIONAL LICENSEE

NOTE: THIS APPLICATION MUST BE FILED WITH THE “APPLICATION FOR PROFESSIONAL LICENSURE” AND THE APPROPRIATE FEE

AFFIDAVIT

I, _____, hereby state that I have read the Statutes (LA Title 37) and Professional Occupational Standards (LA Title 46) in regard to supervising a provisional licensee in the State of Louisiana while that person is performing a massage.

SIGNATURE – LICENSED MASSAGE THERAPIST

DATE

I, _____, hereby state that I have read the Statutes (LA Title 37) and Professional Occupational Standards (LA Title 46) in regard to working under a provisional license in the State of Louisiana. This provisional license is in effect only until the date of the state oral examination and may be renewed once, subject to approval of the Board.

SIGNATURE – PROVISIONAL LICENSEE

DATE

Sworn to and subscribed before me this _____ day of _____, in the year _____.

NOTARY PUBLIC

Parish of _____

SEAL

State of _____

My Commission Expires: _____