

Bobby Jindal
GOVERNOR



LOUISIANA STATE
BOARD OF MASSAGE THERAPY

VERIFICATION OF LICENSURE

Section I (Completed by Applicant) –

My signature below is your authorization to release all information in your file, favorable or otherwise, regarding me.

Applicant's Signature: _____ Date: _____

(Print) Applicant's Name: _____ License No. _____

Address: _____

Telephone No. (include area code) _____ Date of Birth: _____

Section II – State of Louisiana

This certifies that _____ is:

_____ Licensed as a Massage Therapist License No. _____ Date Issued: _____

Current status of the above license is:

Active _____ Lapsed _____ Inactive _____ Denied** _____ Suspended _____ Revoked _____ Disciplined** _____

****Attached is a copy of the Findings of Fact and Decision.**

The qualifications for licensure in Louisiana are:

1. Total hours of education _____^(State) 500 _____.
2. Number of hours required in Swedish Massage: _____ 325 _____.
3. Number of hours required in Anatomy & Physiology: _____ 125 _____.
4. Written examination required: NCBTMB Yes _____ No.
5. Oral examination required: _____ x _____ Yes _____ No.

I certify that the above information is correct and true. I have enclosed a copy of the Louisiana requirements.

Name of Agency: LA State Board of Massage Therapy

Address: 12022 Plank Rd., Baton Rouge, La 70811

Signature _____ Date: _____
Kayla Perkins, Executive Director

(STATE SEAL)