

ELECTROLOGIST APPLICATION (INSTRUCTIONS)

Licensure Methods:

1. LICENSURE BY EXAMINATION

ELIGIBILITY REQUIREMENTS

- Is at least 18 years old
- Is of good moral character
- Possesses a high school diploma, a graduate equivalency diploma (GED), college diploma, university diploma, or technical school diploma if such college, university, or technical school required high school or graduate equivalency diploma for admission.
- Has not committed an act in any jurisdiction which would constitute grounds for disciplining an electrologist in this state.
- Has successfully completed the requirements of an electrolysis training program consisting of 120 hours academic training (no home study allowed) and a minimum of 200 hours practical application.
- Is not otherwise disqualified by reason of a violation of chapters 456 or 478, Florida Statutes, or the rules governing the profession.
- Has passed the examination required by section 478.45(2), Florida Statutes.

TEMPORARY PERMITS

- Temporary permits may be requested if you wish to practice electrolysis prior to examination and/or licensure. See section 3 of the application form.
- If you are denied licensure or if you fail the examination, the temporary permit is automatically revoked and you must cease practice immediately. Practicing on a revoked temporary permit can subject you to fines, probation and/or possible denial of licensure. The facility where you have been practicing and the facility owner are also subject to disciplinary action against their licenses by the Board of Medicine.

EXAM INFORMATION

All applications for examination must be submitted to our office no later than seventy-five (75) days prior to the next available examination date. For a current schedule of upcoming exams as well as current exam information, please visit the following website: http://www.doh.state.fl.us/mqa/electrolysis/eo_applicant.html

FEES: \$340 TOTAL

(\$100 application processing fee; \$135 examination fee; \$100 licensure fee; \$5 unlicensed activity fee)

- All fees are payable by check or money order made out to: **Department of Health.** (DO NOT SEND CASH.)
- The application fees are non-refundable. If requested, the licensure fee may be refunded to you if you are denied licensure or if you decide to withdraw your application.
- If incomplete, the application and fee may not be used for more than one year from the date of original submission of the application and fee.

ADDITIONAL INITIAL LICENSURE EDUCATION REQUIREMENTS

Prevention of Medical Errors: Two (2) hours of prevention of medical errors education are required for initial licensure. The course can be completed by home study. Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health, that meet the requirements of section 456.013(7), F.S., are approved by this Council. You may access www.CEBroker.com to search for CE Providers authorized by the Council. You may do this by accessing the tab "Florida Healthcare Licensees" and then click on option 4. Licensees are not required to subscribe; however, this is a useful tool in keeping track of your continuing education information. For individual board/profession continuing education information please go to our website: www.doh.state.fl.us/mqa/electrolysis. You may also contact any of the Electrolysis Council approved continuing education providers which are listed below:

- Electrolysis Society of Florida (ESF) –
www.hairremoval.com
- Electrolysis Association of Florida (EAF) –
No web site – Telephone # (305) 362-1988
- American Electrology Association –
www.electrology.com
- Society of Clinical and Medical Electrologists –
www.scmhr.org
- All offerings from other states which are approved by the states' licensing agency or professional electrology organization which offerings have been approved by the American Electrology Association, or the Society of Clinical and Medical Hair Removal, or any technical school, college or university course taken and successfully completed for the first time by the licensee in a subject area relevant to electrolysis.

Applications for Special Testing Accommodations:

Rule 64B-1.005, F.A.C., states the department will provide special assistance to candidates with disabilities. If the applicant has a physical or mental impairment that substantially limits one or more major life activities, the applicant may request special assistance with the examination process.

Special accommodations may also be requested by candidates who, due to their religious beliefs, have conflicts with scheduled exam dates, as well as candidates desiring to use a translation dictionary due to English as a Second Language.

Special testing accommodations may be requested by submitting the following:

- Application for candidates requesting special testing accommodations in accordance with the American's with Disabilities Act
- Application for special testing accommodations due to a religious conflict
- Application for use of a translation dictionary due to English as a second language.

The above applications may be obtained at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm>, or contact the Special Testing Coordinator, Bureau of Operations/Testing Services, at (850) 245-4252.

Please note that applications must be submitted, in the manner described in each application, no later than 60 days PRIOR to the examination for which the applicant wishes to be scheduled.

Accommodations on site cannot be guaranteed without making the request for accommodation as instructed above. Specific questions regarding special testing conditions should be directed to Special Testing Coordinator, Bureau of Operations/Testing Services, at (850) 245-4252.

2. LICENSURE BY ENDORSEMENT

ELIGIBILITY REQUIREMENTS

Hold an active license or other authority to practice electrology in another jurisdiction whose licensure requirements equal or exceed the licensure requirements in Florida. The current criteria for licensure is outlined below.

- Is at least 18 years old.
- Is of good moral character.
- Possesses high school diploma, a graduate equivalency diploma (GED), college diploma, university diploma, or technical school diploma if such college, university, or technical school required high school or graduate equivalency diploma for admission.
- Has not committed an act in any jurisdiction which would constitute grounds for disciplining an electrologist in this state.
- Has successfully completed the requirements of an electrolysis training program consisting of 120 hours academic training and a minimum of 200 hours practical application.
- Is not otherwise disqualified by reason of a violation of chapters 456 or 478, Florida Statutes, or the rules governing the profession.

ADDITIONAL INITIAL LICENSURE EDUCATION REQUIREMENTS

- **Prevention of Medical Errors:** Two (2) hours of prevention of medical errors education are required for initial licensure. The course can be completed by home study. Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health, that meet the requirements of section 456.013(7), F.S., are approved by this Council. You may access www.CEBroker.com to search for CE Providers authorized by the Council. You may do this by accessing the tab "Florida Healthcare Licensees" and then click on option 4. Licensees are not required to subscribe; however, this is a useful tool in keeping track of your continuing education information. For individual board/profession continuing education information please go to our website: www.doh.state.fl.us/mqa/electrolysis. You may also contact any of the Electrolysis Council approved continuing education providers which are listed below:
 - Electrolysis Society of Florida (ESF) – www.hairremoval.com
 - Electrolysis Association of Florida (EAF) – No web site – Telephone # (305) 362-1988
 - American Electrology Association – www.electrology.com
 - Society of Clinical and Medical Electrologists – www.scmhr.org
 - All offerings from other states which are approved by the states' licensing agency or professional electrology organization which offerings have been approved by the American Electrology Association, or the Society of Clinical and Medical Hair Removal, or any technical school, college or university course taken and successfully completed for the first time by the licensee in a subject area relevant to electrolysis.

FEES: \$205 TOTAL

(\$100 application fee; \$100 licensure fee; \$5 unlicensed activity fee)

- All fees are payable by check or money order made out to: **Department of Health.** (DO NOT SEND CASH.)
- The application fees are non-refundable. If requested, the licensure fee may be refunded to you if you are denied licensure or if you decide to withdraw your application.
- If incomplete, the application and fee may not be used for more than one year from the date of original submission of the application and fee.

3. REQUIREMENTS FOR LASER HAIR REMOVAL

Electrologists are allowed to perform laser and light-based hair removal only if they have completed the following requirements:

1. Completed a 30-hour continuing education course approved by the council pursuant to rule 64B8-52.004, F.A.C.
2. Certified in the use of laser and light-based hair devices for the removal or reduction of hair by a national certification organization approved by the Electrolysis Council and the Board of Medicine, which is the Society of Clinical & Medical Hair Removal, Inc. (SCMHR).
3. Are using only the laser and light-based hair removal or reduction devices upon which they have been trained; and
4. Are operating under the direct supervision and responsibility of a physician properly trained in hair removal and licensed pursuant to the provisions of Chapter 458 (physicians), or 459, F.S. (osteopathic physicians). See section 458.348(3), F.S.

Additional Requirements:

1. The supervising physician and the electrologist shall develop jointly written protocols as described in rule 64B8-56.002(4), F.A.C., and furnished to the council office prior to beginning the practice of laser hair removal.
2. The electrologist must make sure they are following rule 64B8-51.006, F.A.C., as it sets forth what is required of a licensed electrology facility where laser and light-based hair removal is performed.

COMPLETING THE APPLICATION

The following instructions address only those questions that are not self-explanatory.

- All questions **must** be answered. If an item does not apply to you, mark “**N/A.**”
- It is recommended that you keep these instructions and a copy of the completed application, should you need to refer to them during the processing of your application file.
- Any document submitted that is in a language other than English, must be accompanied by a certified translation of that document.
- It is your responsibility to ensure that the council office has received all required documentation and that the application is complete. Any missing items must be supplied before the application is deemed complete.
- Failure to submit a complete application for examination seventy-five (75) days before an exam *may* cause you to miss the examination. As the application is only good for one year, you may or may not be scheduled for the next available examination.
- If any questions arise regarding your eligibility for licensure during the review process, the application, once it is complete, will be referred to the council for review.
- Temporary permits may be withheld prior to the council’s review, based upon the questions or problems that arise.
- It is a misdemeanor of the first degree, punishable as provided in ss. 775.082 or 775.0083, Florida Statutes, to obtain or attempt to obtain a license to practice electrolysis by bribery, fraud, or knowing misrepresentation.

See application checklist next page. Please use this as a tool in completing your application.

-- REMEMBER --

Electrolysis can only be performed in a licensed electrology facility. Please visit the Council’s website at http://www.doh.state.fl.us/mqa/electrolysis/eo_facilities-new.html to obtain information concerning electrology facility licensure.

APPLICATION CHECKLIST

Use the following checklist to help ensure that you send in all necessary documentation for licensure as an electrologist.

- _____ 1. **APPLICATION FORM:** All questions answered, and all required documentation submitted. If a question is not applicable, mark "N/A." Applicant affirmation completed. Temporary permits will not be issued without completing section 3 of the application.
- _____ 2. **FEES:** **\$340 examination** **\$205 endorsement**
NOTE: Endorsement applicants may be required to sit for the examination. If so, staff will advise you if the additional examination fee will be required.
- _____ 3. **PROOF OF DATE OF BIRTH:** Can use either: 1) copy of driver's license; 2) birth certificate; or 3) current passport.
- _____ 4. **PHOTO:** Attach a 2"x2" photo to the application (NO POLAROID SNAPSHOTS.)
- _____ 5. **ADDRESS:** List your mailing address and your practice location address.
Reminder: Please notify the council office immediately of any address change for either practice location or mailing address. If you do not currently have a practice location, please inform us as soon as you obtain employment. Licenses are printed with the practice location address but are mailed to your home mailing address. The Internet will display your practice location address only. If none given, your home mailing address will be displayed. You are strongly encouraged to provide this office of any change of address, as it is a violation of section 456.035, F.S. to not do so.
- _____ 6. **PROOF OF HIGH SCHOOL EDUCATION:** If in a language other than English, a translation must be submitted. A copy of the actual diploma or GED or high school transcript that shows the date of graduation are acceptable as proof of high school education.
- _____ 7. **PROOF OF ELECTROLYSIS TRAINING:** All applications must include an official transcript from a school of electrology which identifies the credits taken by home study or correspondence courses and those taken in classroom settings, 64B8-51.001(2), F.A.C. If not approved, a curriculum outline and a letter from the director of the program are required. As a reminder, no home study or correspondence is approved by the Council as an electrolysis training program.
- _____ 8. **VERIFICATION OF LICENSE OR CERTIFICATE IN ANOTHER JURISDICTION:** This form must be submitted for each electrologist license and any health related license or certificate, currently or ever held. All verifications must be sent to the council office directly from each respective jurisdiction. The form is included in this application packet.
- _____ 9. **ENDORSEMENT APPLICANTS:** A copy of the laws and rules governing your licensure in another state must come directly from the governing body.
- _____ 10. **PROOF OF PREVENTION OF MEDICAL ERRORS EDUCATION:** For all applicants.

Submit initial application, supporting documents and fees to:

**Materials with fees sent
regular mail delivery:**
Department of Health
Electrolysis Council
PO Box 6330
Tallahassee, FL 32314-6330

**Materials with fees sent
overnight, special delivery, etc.:**
Department of Health
Licensure Services
4052 Bald Cypress Way, BIN C99
Tallahassee, FL 32399-3299

Materials without fees:
Department of Health
Electrolysis Council
4052 Bald Cypress Way, BIN C05
Tallahassee, FL 32399-3255



**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE***

**Florida Department of Health
Electrolysis Council**

Name: _____
Last First Middle

Social Security Number: _____

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666(1)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

1. PERSONAL HISTORY

- A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? YES NO
- B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? YES NO
- C. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice Electrology within the past five years? YES NO
- D. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? YES NO
- E. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice Electrology within the past five years? YES NO
- F. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice Electrology? YES NO

Mission Statement: To promote and protect the health, safety, and wellness of all people in Florida.

4052 Bald Cypress Way, BIN #C-05
Tallahassee, FL 32399-3255
Phone: (850) 245-4373 Fax: (850) 414-6860
Website: www.doh.state.fl.us/mqa/electrolysis

REQUIRED

Tape a 2"x2" photo here.
It must depict the head and
shoulders.

Please print your name on the
back of the photo.

Florida Department of Health Electrolysis Council

Client 6501**Mailing Address for Application and Fees**

P.O. Box 6330
Tallahassee, FL 32314-6330

Mailing Address for Supporting Documents

4052 Bald Cypress Way, Bin C-05
Tallahassee, FL 32399-3255
(850) 245-4373 • Fax: (850) 414-6860

ELECTROLOGIST APPLICATION

Applications are good for one year from date of original submission of the application and fee; application fees are non-refundable. Failure to complete this entire application, or to attach any required documentation, will result in an incomplete application; your application will not be considered until it is complete. Please type, or print in blue or black ink.

2. APPLICATION TYPE... CHECK ONLY ONE

- Examination:** \$340 total (\$100 application fee; \$135 exam fee; \$100 licensure fee; \$5 unlicensed activity fee)
- Endorsement:** \$205 total (\$100 application fee; \$100 licensure fee; \$5 unlicensed activity fee)

3. PROFILE INFORMATION... LIST YOUR FULL, LEGAL NAME AS IT SHOULD APPEAR ON YOUR LICENSE (NO NICKNAMES)

NAME: (Last) _____ (First) _____ (Middle) _____

MAILING ADDRESS: _____ (Apt. #) _____
(Mailing address will display on the Internet if you have not provided a practice location address.)

City: _____ State: _____ Zip: _____ Country: _____

FACILITY INFORMATION

(Required, if not applicable at time of application, please indicate with "N/A." The practice location will display on the internet and your license.)

FACILITY NAME: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

WORK NUMBER: (____) _____ - _____ **HOME NUMBER:** (____) _____ - _____

FAX NUMBER: (____) _____ - _____ **MOBILE NUMBER:** (____) _____ - _____

DATE OF BIRTH: ____ / ____ / ____ **PLACE OF BIRTH:** _____

CORRESPONDENCE VIA E-MAIL:

(Please print legibly. By checking "yes" you are agreeing to allow the council office to contact you with information regarding your application via email. If you choose this option please check your email account frequently and notify the council office of any change to your email address.)

YES **NO** **Email Address:** _____ @ _____

EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Are you a US citizen? YES NO If "no," give your alien number: _____ **SEX:** Male Female

RACE: White Black Asian/Pacific Islander Hispanic Other: _____

4. REQUEST FOR A TEMPORARY PERMITTEMPORARY PERMIT: YES NO

If you are applying by examination, and are requesting a temporary permit you must have your supervising electrologist complete the section below.

TO BE COMPLETED BY SUPERVISING ELECTROLOGIST...

I, _____, a licensed electrologist in the State of Florida, practicing under license number _____, do hereby agree to act as supervisor for this applicant during the tenure of his/her temporary permit. I have read and understand this paragraph and the requirements of section 478.46, Florida Statutes.

Signature of Supervisor: _____ Date Signed: ____ / ____ / ____

5. APPLICANT BACKGROUND... ATTACH ADDITIONAL SHEETS IF NECESSARY

A. List all names by which you are currently known or have been known in the past: _____

B. What name(s) did you use when you received your electrolysis education? _____

C. Do you now hold, or have you ever held, a temporary permit, a license/certification or been authorized in any jurisdiction, including Florida, or country as an electrologist (including, but not limited to active and inactive licenses)?

 Yes No

<u>State/Country</u>	<u>License No.</u>	<u>Date of Licensure</u>	<u>If no longer licensed, state why & when</u>

D. Have you ever applied for electrologist licensure in the state of Florida? Yes No Date: ____ / ____ / ____If "yes," did you apply by exam or endorsement? Exam EndorsementE. Are you now or have you ever been licensed in any other health care profession? Yes No

Please submit verification of license form from each state you have been licensed as either an electrologist or any health related profession.

<u>State/Country</u>	<u>License No.</u>	<u>Profession</u>	<u>Date of Licensure</u>	<u>If no longer licensed, state why & when</u>

6. EDUCATION HISTORY

High School or GED Name: _____ Graduation Date: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Electrolysis School of Graduation Name: _____

Date of Graduation: ____ / ____ / ____ Academic Hours: _____ Practical Hours: _____

Were any of the hours completed by home study: Yes No If "yes," how many hours? _____**7. PRACTICE EMPLOYMENT... ATTACH ADDITIONAL SHEETS, IF NECESSARY**

Do not leave blank. List in chronological order all medically related employment including practice of electrolysis, for the previous five (5) year period, beginning with present employment. Please include any practice setting in a physician's office or medical facility.

Name and Address of Institution	Beginning/Ending Dates of Practice	Title of Position

8. MANDATORY EDUCATION REQUIREMENTS

Prevention of Medical Errors: Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as an electrologist.

- I have completed the prevention of medical errors education required by section 456.013(7), Florida Statutes, I understand the education must be completed prior to licensure. Further, it is my responsibility to submit a copy of the certificate upon completion of the course to the council office.
- I have **not** completed the required course. I understand the education must be complete prior to licensure. Further, it is my responsibility to submit a copy of the certificate upon completion of the course to the council office.

ALL APPLICANTS

Answer all the following questions "YES" or "NO" – Do not leave blank. "YES" answers to questions in section 7 thru 9 must be accompanied by a written affidavit explaining in detail the circumstances surrounding the "YES" answer. The explanation must be substantiated by either official documents sent directly to us from the respective state licensing board or official copies of court records from the clerk of the court. Your "YES" answer would not be an automatic cause for denial. See application instructions.

9. CRIMINAL HISTORY

- A.** Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question. YES NO

If "YES", explain:

- B.** If you were found guilty of a felony, have your civil rights been restored? N/A YES NO

If "Yes," Date of Restoration: ____/____/____

Note: If you have been adjudicated guilty of a felony, attach documentation of restoration of civil rights. The lack of restoration of civil rights does not automatically preclude licensure. You must provide arrest and court records of final disposition for each offense listed. Your application will not be considered complete until these records are received. If the records are no longer available, you must provide certification of their unavailability.

10. DISCIPLINARY HISTORY

- A.** Have you ever had a license revoked, suspended, or otherwise acted against, including denial of licensure, by the licensing authority of this state or another state, territory or country? YES NO
- B.** Have you ever been notified to appear before any licensing authority on a complaint of any nature, including, but not limited to, a charge or violation for unprofessional or unethical conduct? YES NO
- C.** Have you ever been disciplined, terminated or allowed to resign, in lieu of termination, from an employment setting where employed as an electrologist or in any capacity in the health care profession? YES NO
- D.** Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, which directly relates to the practice of Electrolysis? YES NO

ALL APPLICANTS

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documents.

SECTION 456.0635(2) HISTORY

- 11A Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? YES NO (if no, do not answer 11B)
- 11B If yes, has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction? YES NO
- 12A Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? YES NO (if no, do not answer 12B)
- 12B If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES NO
- 13A Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? YES NO (if no, do not answer 13B or 13C)
- 13B Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? YES NO
- 13C Did the termination occur at least 20 years prior to the date of this application? YES NO

14. LASER HAIR REMOVAL

As an applicant for electrologist licensure in Florida I understand that electrologists are allowed to perform laser and light-based hair removal only if they follow the requirements specified in Rule 64B8-56.002, Florida Administrative Code.

In addition to the other requirements specified in Rule 64B8-56.002, F.A.C. you must complete a 30-hour continuing education course approved by the Council pursuant to Rule 64B8-52.004, F.A.C.

15. STATEMENT OF APPLICANT

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.0083 and 775.084, Florida Statutes.

I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all government agencies and instrumentalities (local, state, federal or foreign), to release to the Electrolysis Council of Florida any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as an Electrologist in the State of Florida.

I further state that I have read and understand Chapter 478, Florida Statutes, and Chapter 64B8, Florida Administrative Code, pertaining to the Electrology Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Signature of Applicant (required)

_____/_____/_____
Date Signed (required)



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

LICENSE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT- Complete this part and submit a copy to each state where you hold or have ever held a license to practice electrology, making copies of this form as necessary.

APPLICANT NAME _____

ADDRESS _____

LICENSE NUMBER _____ STATE OF _____

I hereby authorize release of any information regarding my licensure status to the Electrolysis Council of Florida.

APPLICANT SIGNATURE _____ DATE _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD/AGENCY - Please complete this part and return this form to the address listed below.

APPLICANT NAME: _____ STATE OF: _____

LICENSE NUMBER: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

NAME OF PROFESSION APPLICANT WAS LICENSED UNDER: _____

LICENSE BASED ON:

STATE EXAM _____ NATIONAL EXAM _____ CPE: _____

RECIPROCITY WITH _____ ENDORSEMENT FROM: _____ GRANFATHER CLAUSE: _____

OTHER: _____

IS THE LICENSE IN GOOD STANDING: ____ YES ____ NO If "NO," please explain on back of form.

HAS THE LICENSE EVER BEEN REVOKED, SUSPENDED OR IN ANY WAY ACTED AGAINST (E.G., PROBATION FINES, ETC)?

____ YES ____ NO If "NO," please explain on back of form.

WAS THE LICENSE ORIGINALLY DENIED OR GRANTED UNDER RESTRICTIONS OF ANY KIND?

____ YES ____ NO If "NO," please explain on back of form.

DO YOU HAVE ANY DISCIPLINARY ACTION INFORMATION ON FILE REGARDING THE LICENSEE?

____ YES ____ NO If "NO," please explain on back of form.

REMARKS: _____

VERIFIED BY: _____

NAME / SIGNATURE OF OFFICIAL

BOARD SEAL

TITLE

DATE

DEPARTMENT OF HEALTH
ELECTROLYSIS COUNCIL
4052 BALD CYPRESS WAY, BIN #C05 TALLAHASSEE, FL 32399
Telephone (850) 245-4373 Fax (850) 414-6860 Web site: www.doh.state.fl.us/mqa