



LICENSURE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT

Send a copy of this form to any and all states or licensure jurisdictions where you hold or have ever held licensure or other authority to practice electrolysis. ENDORSEMENT applicants must also request the submission of a copy of the laws and rules in effect at the time of original licensure in the state for which endorsement is requested.

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

License Number: \_\_\_\_\_ State of: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD

The individual listed above has applied to the Florida Electrolysis Council for licensure as an Electrologist. He/She has indicated that he/she is/was licensed to practice in your state or licensure jurisdiction. Please complete the following and return this document as soon as possible to the Electrolysis Council's address given 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: CCE \_\_\_\_\_ CPE \_\_\_\_\_

RECIPROCITY WITH \_\_\_\_\_ ENDORSEMENT FROM \_\_\_\_\_ GRANDFATHER CLAUSE \_\_\_\_\_

OTHER \_\_\_\_\_

IS 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HAS THE LICENSE EVER BEEN REVOKED, SUSPENDED OR IN ANY WAY ACTED AGAINST (E.G., PROBATION FINES, ETC)?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 "YES," please explain on back of form.

WAS THE LICENSE ORIGINALLY DENIED OR GRANTED UNDER RESTRICTIONS OF ANY KIND? [ ] YES [ ] NO. If "YES," please explain on back of form.

DO YOU HAVE ANY DISCIPLINARY ACTION INFORMATION ON FILE REGARDING THE LICENSEE? [ ] YES [ ] NO. If "YES," please explain on back of form.

REMARKS: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ Signature of Official

BOARD SEAL \_\_\_\_\_ Name

DATE: \_\_\_\_\_ Title