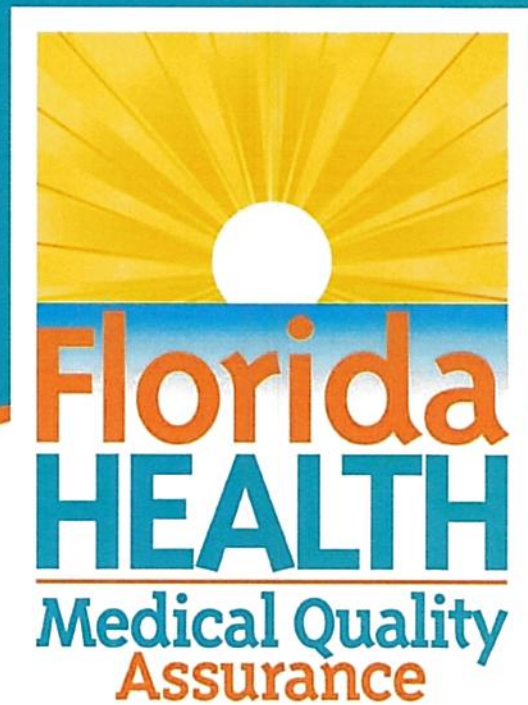


Application for Inspection for Adding or Switching to a New Electrology Modality



The Electrolysis Council
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: [www.floridahealth.gov/
licensing-and-regulation/electrolysis/index.html](http://www.floridahealth.gov/licensing-and-regulation/electrolysis/index.html)
Email: mqa.electrolysis@flhealth.gov
Phone: (850) 245-4373
FAX: (850) 414-6860



Application for Inspection for Adding or Switching to a New Electrology Modality

The Electrolysis Council
4052 Bald Cypress Way, Bin C-05
Tallahassee, FL 32399-3255
Fax: (850) 414-6860
Email: mqa.electrolysis@flhealth.gov

The two modalities that electrologists may use are epilator and laser/light-based*. When a new modality is introduced at an electrology facility an inspection of the new equipment and ancillary supplies (i.e. needles for epilators, safety glasses for laser/light based electrolysis) must be conducted by the department.

1. BUSINESS INFORMATION

Corporate Name: _____ Facility License #: EP

Doing Business As (D/B/A) (as it should appear on license): _____

Mailing Address _____ Suite No. _____ City _____

State _____ ZIP _____ Telephone (Input without dashes) _____

Physical Location of Facility: (This address will be posted on the Department of Health's website)

Street _____ Suite No. _____ City _____

State _____ ZIP _____ Facility Telephone (Input without dashes) _____ Facility Fax (Input without dashes) _____

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. MODALITY

A. What is the current modality in use? Epilator Only Laser/Light-Based Only

B. What is the new modality being added? Epilator Only Laser/Light-Based Only

C. Are you adding a modality or switching modalities? Adding Switching

* Electrologists are allowed to perform laser and light-based hair removal only if they follow the requirements specified in Rule 64B8-56.002, F.A.C. Review the rule and additional information regarding these requirements at <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/laser/index.html>

3. OWNERSHIP INFORMATION

Is the owner a Florida Department of Health licensed electrologist? Yes No

If "Yes," provide the license number: EO _____

Corporate Name: _____

4. FACILITY INFORMATION

A. Anticipated Date to Start Use of New Modality: _____
MM/DD/YYYY

B. Anticipated Hours of Operation: List actual hours. If your facility will not be open, select N/A. If by appointment only, select "Appt."

Weekday	Opening Time		Closing Time		Other	
Monday	AM	PM	AM	PM	N/A	Appt
Tuesday	AM	PM	AM	PM	N/A	Appt
Wednesday	AM	PM	AM	PM	N/A	Appt
Thursday	AM	PM	AM	PM	N/A	Appt
Friday	AM	PM	AM	PM	N/A	Appt
Saturday	AM	PM	AM	PM	N/A	Appt
Sunday	AM	PM	AM	PM	N/A	Appt

C. Provide the following information for all electrologists who will be practicing in the facility, including the facility owner if the owner is still or will be a licensed electrologist. **Attach additional sheets if necessary.**

For Licensed Electrologists Who Completed ONLY the Needle-Type Epilation Training Program:

Name:	License #: EO
Will the licensee be providing laser/light-based hair removal services?	Yes No
If "Yes," provide laser and light-based qualifying information, pursuant to Rule 64B8-56.002, F.A.C. below.	
30-hour CE Completion Date:	
CME Completion Date:	
Supervising Physician's License #:	
Physician/Electrologist Protocol Completion Date:	

Name:	License #: EO
Will the licensee be providing laser/light-based hair removal services?	Yes No
If "Yes," provide laser and light-based qualifying information, pursuant to Rule 64B8-56.002, F.A.C. below.	
30-hour CE Completion Date:	
CME Completion Date:	
Supervising Physician's License #:	
Physician/Electrologist Protocol Completion Date:	

For Licensed Electrologists Who Completed the Needle-Type Epilation, Laser, and Light-Based Training Program:

Name:	License #: EO
Will the licensee be providing laser/light-based hair removal services?	Yes No
If "Yes," provide laser and light-based qualifying information, pursuant to Rule 64B8-56.002, F.A.C. below.	
Combined Program Graduation Date:	
Combined Epilator, Laser, and Light-based Exam Date (approximate):	
Supervising Physician's License #:	
Physician/Electrologist Protocol Completion Date:	

Corporate Name: _____

Name:	License #: EO
Will the licensee be providing laser/light-based hair removal services?	Yes No
If "Yes," provide laser and light-based qualifying information, pursuant to Rule 64B8-56.002, F.A.C. below.	
Combined Program Graduation Date:	
Combined Epilator, Laser, and Light-based Exam Date (approximate):	
Supervising Physician's License #:	
Physician/Electrologist Protocol Completion Date:	

Documentation of completed requirements may be attached for upload to the electrologist's licensure record.

5. APPLICANT SIGNATURE

I, _____, state that I am the owner of the Electrology Facility referred to in the foregoing application and any supporting documentation are true and accurate.

I have carefully read the instructions and questions in the foregoing application had answered them completely, without reservations of any kind.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read and understand ch. 478, and rules 64B8-50 through 56, F.A.C.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Signature _____ Date _____
Owner of establishment MM/DD/YYYY

Inspections

Upon review of an application, the Department of Health will arrange to send an inspector to the facility to determine compliance with the law and rules. The most current inspection form is available at:

<http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/inspection-forms.html>

Inspectors will provide a copy of the completed inspection from to the applicant. The form must be displayed in a conspicuous location within the facility along with a copy of Rule 64B8-51.006, Florida Administrative Code (F.A.C.).

Facilities that meet all requirements and pass an inspection will be issued a license. Facilities who fail to meet requirements in an inspection will denied licensure in writing listing the specific requirement(s) not met. No applicant denied licensure will be precluded from reapplying for licensure.

Practicing without a License

Practicing in or allowing the practice of electrolysis in an unlicensed facility is punishable by a fine from \$250.00 to \$5,000.00 and other disciplinary penalties up to denial of licensure of the facility. The electrologist as well as the facility owner may be fined and/or disciplined by the Board of Medicine.

Electrolysis Facility Safety and Sanitary Requirements Checklist

Compliance with these requirements will be verified by Department of Health inspectors prior to initial licensure. Licenses will be issued upon notification to the council office of the facility passing inspection. No inspection will be passed, and no license issued to any electrolysis facility that does not meet the requirements outlined below.

A. All facilities are required to have the following supplies and equipment:

A clean toilet and sink with hot and cold running water available to the electrolysis facility must be kept in working order when the facility is open for business;

A treatment table or treatment chair with non-porous surface capable of being disinfected;

Client service area must allow for protection from view of the public, and any other clients at the facility, at the time of service. This requirement **does not** apply to training programs engaged in training students in electrolysis;

Disposable paper drapes or sanitary cloth drapes stored in closed container compartment;

Sanitary waste receptacles for the disposal of used gloves, paper supplies, cotton balls, and other noninfectious items;

Single use, disposable towels;

A treatment lamp or magnifier lamp capable of being cleaned with disinfectant;

A magnifying device which must be a magnifier lamp, optical loupe, or microscope capable of being cleaned and disinfected;

Tuberculocidal hospital grade disinfectant registered by the Environmental Protection Agency, household bleach or wiping cloths pre-saturated with disinfectant for wiping non-porous surfaces;

Betadine, 3% U.S. Pharmaceutical grade hydrogen peroxide, or 70% isopropyl alcohol, or wrapped single use wipes saturated with 70% isopropyl alcohol;

Clean, non-sterile materials such as cotton balls, cotton strips, cotton swabs, gauze pads, and gauze strips;

If cloth towels are used, they must be cleaned prior to use on each client and stored in a closed container or compartment. Used cloths must be kept in a separate closed container;

A holding container for soaking and cleaning contaminated instruments; and

Non-sterile disposable examination gloves.

B. Epilator-Only Hair Removal Facilities are required to have all the supplies and equipment listed in Section A. above as well as the following:

An FDA registered needle-type epilation device in working order;

Clean and sterile needles/probes and forceps/tweezers;

Needle holder tips;

A sharps container for disposal of used needles/probes, as defined in Rule 64E-16, F.A.C., effective December 2, 2015, which is hereby incorporated by reference and can be obtained at <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64-16;>

Covered containers for needles/probes and forceps/tweezers which containers are capable of being cleaned and sterilized;

A sterilizer which must be either an autoclave or a dry heat sterilizer, and color change indicators for use with either sterilizer. The endodontic dry heat "glass bead sterilizer" must not be used for instrument sterilization; and

Quarterly records of sterilizer biological tests monitoring (not applicable on first inspection for licensure of a new facility – required for all future inspections after license is issued.)

C. **Laser or Light Based-Only Hair Removal Facilities are required** to have all supplies and equipment listed in **Section A.** above as well as the following:

For licensed electrologists who completed a council-approved needle-type epilation training program, the following qualifying information pursuant to Rule 64B8-56.002, F.A.C.:

- Proof of certification of 30 hours of continuing education in laser and light-based hair removal and reduction from a provider approved pursuant to Rule 648-52.004, F.A.C. A listing of approved providers may be found by using the "Course Search" function for Florida Electrologists at www.cebroker.com; and
- Proof of having passed the Society of Clinical and Medical Hair Removal test for certification as a Certified Medical Electrologist.

For licensed electrologists who completed a council-approved combined needle-type epilation, laser and light-based hair removal training program, the following qualifying information pursuant to Rule 64B8-56.002. F.A.C.:

- Proof of completion from a combined training program; and
- Proof of having passed the epilator, laser, and light-based combined exam.

For devices required to be registered, proof of registration for each laser or light-based device in use at the facility as required by s. 501.122, F.S.;

Written designation of laser safety officer;

A room or rooms specifically designated for use of the laser or light-based equipment where all use of such equipment must take place;

Sign on door of laser room identifying when laser or light-based equipment is in use;

Lock on door of laser room;

Protective eyewear capable of being cleaned and disinfected must be used by all persons in laser room during operation of laser or light-based equipment;

Fire extinguisher in vicinity of laser room;

Cold water and ice; and

The written protocols required by Rule 64B8-56.002(4)(a), F.A.C.

Electrology Facility Document Requirements Checklist- All Facility Types

The following requirements must be fulfilled by an Electrology facility in order to pass an inspection. See Rule 64B8-51.006(4), F.A.C., for more information.

Compliance with these requirements will be verified by Department of Health inspectors prior to initial licensure. Licenses will be issued upon notification to the council office of the facility passing inspection. No inspection will be passed, and no license issued to any electrolysis facility that does not meet the requirements outlined below.

The following documents must be displayed in an area that is visible to the general public entering the facility:

1. The electrology facility license.
2. The current license of the electrologist(s).
3. The most recent inspection sheet from the Department of Health.
4. A current copy of rule 64B8-51.006, F.A.C.

An appointment book must be maintained and kept on the electrology facility premise which lists the names of each person who has received electrolysis treatment. The appointment book must be maintained for four years. The appointment book may be electronic record.

Important: Once a facility has been issued a license under one modality (epilator or laser-light based), to add or switch modality of hair removal services being provided, the **"Application for Inspection for Adding or Switching to a New Electrology Modality"** (Form DH-MQA 5008-10/2020) must be submitted.

The facility must pass an inspection prior to implementing the new modality.