

INFORMATION and INSTRUCTIONS

NEW FACILITY

- OR -

NEW OWNERSHIP

- Licensure is required for new facilities or existing licensed facilities that have new owners.
- A new application must be submitted when ownership changes.
- No license for operation of an electrology facility may be transferred from the name of the licensee to the name of another person. If a facility is sold, the new owner must apply to the Department for licensure and no electrolysis services may be performed in the facility after the sale until the new owner has received the required license from the Department. A person purchasing an electrology facility may apply to the Department for licensure prior to the date of purchase.
- While the general rule is that all electrology facilities must be licensed, a facility that is located in a doctor's office or other medical facility may not be required to be licensed under certain conditions. In order to assist the Electrolysis Council in making this determination, please complete the Employment Verification Form supplied in the attached Supplemental Documentation Section. If it is determined that your facility is exempt from licensure, any applicable fees will be refunded to you.
 - If there is any change in employment status in an exempt facility (such as changing from employee to independent contractor), you must notify the council office at once to determine whether licensure will be required.
- Required equipment and safety and sanitary requirements are listed in Rule 64B8-51.006, F.A.C., (attached). Compliance with these requirements is mandatory upon inspection.
- Practicing in or allowing the practice of electrolysis in an unlicensed facility is punishable by a fine from \$250 to \$5,000 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.
- Upon completion of the application and prior to licensure, the department will make arrangements to send an inspector from the Department of Health to the facility to determine compliance with the law and rules.
- The inspector will have an inspection form upon which compliance is documented. A copy will be supplied to the applicant by the inspector. This form must be displayed in a conspicuous location within the facility.
- When the department determines that the proposed electrology facility has met the requirements set forth by rule, the applicant will be issued a license.
- When an applicant fails to meet all the requirements provided in this section, the agency shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements shall be precluded from reapplying for licensure.

Please see Page Seven for the New Facility or New Ownership Application

INFORMATION and INSTRUCTIONS

TRANSFER OF FACILITY

- When a licensed facility is transferring locations, the old facility license must be surrendered with the transfer of location application.
- Required equipment and safety and sanitary requirements are listed in Rule 64B8-51.006, F.A.C., (attached). Compliance with these requirements is mandatory upon inspection.
- Upon completion of the transfer of location application, the council office will notify the applicant (facility license holder) that a request for inspection has been made. Upon receipt of the completion letter, electrolysis services may be performed in the new location up to 60 days, commencing with the first day of practice in the new facility.
- Please notify the council office if your facility is not inspected within 60 days.
- The inspector will have an inspection form upon which compliance is documented. A copy will be supplied to the applicant (facility license holder) by the inspector. This form must be displayed in a conspicuous location within the facility.
- When the department determines that the transferred facility has met the requirements set forth by rule, a new license will be issued.
- If a transferred facility does not meet the requirements upon inspection set forth by rule, a new license will not be issued until the specific requirements have been met.

Please see Page Ten for the Transfer of Facility Application

APPLICATION PROCESSING

- The application fee, inspection fee, and initial licensure fee are listed on the first page of the application form.
- 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.

Submit initial application, supporting documents and fees to:

Materials with fees sent
via 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

GENERAL LICENSURE INFORMATION

- All facility licenses expire on May 31st of every even numbered year. The expiration date is printed on the license.
- Failure to renew the facility license by May 31st of every even numbered year will render the license delinquent. Failure to renew within 6 months of the expiration date will render the license null and void. The facility will no longer be licensed and all electrolysis practice must cease.
- In order to regain the license after voiding, the owner must completely re-apply and be inspected before the license can be issued and practice in that facility recommenced.
- It is the responsibility of the licensee to ensure that the facility is renewed timely, regardless of whether a renewal notice is received or not.

ELECTROLOGY FACILITY REQUIRED EQUIPMENT CHECKLIST

The following requirements must be fulfilled by an electrology facility in order to pass inspection. Use this checklist to ensure compliance. All of the items below must be in the facility at the time of inspection, unless otherwise noted. See Rule 64B8-51.006, Florida Administrative Code, for more information.

NOTE: Compliance with these requirements will be verified by inspectors of the Department of Health PRIOR to initial license. 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 electrology facility that does not meet these requirements.

- An FDA registered needle-type epilation device in working order.
- Clean and sterile needles/probes and forceps/tweezers.
- Needle holder tips.
- A treatment table or treatment chair with a non-porous surface capable of being disinfected.
- Disposable paper drapes or sanitary cloth drapes stored in a closed container or compartment.
- Sanitary waste receptacles for the disposal of used gloves, paper supplies, cotton balls, and other noninfectious items.
- Single use, disposable towels.
- A sharps container, as defined in chapter 64E-16, F.A.C., for disposal of used needles/probes.
- A treatment lamp or magnifier lamp capable of being cleaned with disinfectant.
- A magnifying device which shall 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.
- If eye shields are used, eye shields capable of being cleaned with disinfectant. Please note that eye shields are not a mandatory item.
- Covered containers for sterile needles/probes and forceps/tweezers.
- Betadine, 3% U.S. Pharmaceutical grade hydrogen peroxide, or 70% isopropyl alcohol, or wrapped single use wipes saturated with 70% isopropyl alcohol.
- Cotton balls, cotton strips, cotton swabs, gauze pads, or gauze strips.
- Cloth towels which have been laundered, sanitized, and stored in a closed container or compartment. Please note that it is not mandatory that cloth towels be present or used in a facility.
- A clean covered container for holding used cloth towels.
- An autoclave or a dry heat sterilizer, and color change indicators for use with either sterilizer. The endodontic dry heat "glass bead sterilizer" shall not be used for instrument sterilization.
- Spore destruction tests for monitoring the autoclave or dry heat sterilizer.
- Monthly records of spore destruction test.
- A holding container for soaking and cleaning contaminated instruments.
- Non-sterile disposable examination gloves.

ELECTROLOGY FACILITY SAFETY AND SANITARY REQUIREMENTS CHECKLIST

The following requirements must be fulfilled by an electrology facility in order to pass inspection. Use this checklist to ensure compliance. See Rule 64B8-51.006, Florida Administrative Code, for more information.

NOTE: Compliance with these requirements will be verified by inspectors of the Department of Health PRIOR to initial license. 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 electrology facility that does not meet these requirements.

- An electrology facility shall be clean, sanitary, and well-lit. It shall also allow for circulation of air sufficient to eliminate odors.
- Any room wherein electrolysis is performed shall have four fixed, permanent walls, at least six feet tall from the floor and shall have doors capable of being locked. A permanent wall means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to the electrology facility floor. This requirement shall not apply to electrology facilities which are located in an electrolysis training facility so long as the unwailed area where electrolysis is performed is used for instructional purposes only.
- There shall be a sink with hot and cold running water within the electrology facility. This sink may not be located within a restroom which is open to the general public. Use of this sink by electrology facility patrons or employees does not constitute public use. Electrology facilities licensed at the time of implementation of these rules are exempt from this requirement.
- The following documents shall 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.
 3. The most recent inspection sheet from the Department of Health.
 4. A current copy of rule 64B8-51.006, F.A.C.
- Restroom Requirements. Each electrology facility shall provide, on the premises or in the same building, a separate room containing toilet and lavatory facilities which shall have at least one toilet and one sink with running water and shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, disposable towels or wall-mounted electric blow dryer and a waste receptacle. The toilet and lavatory facilities and all fixtures and components shall be clean, in good repair, and well-lighted and free from objectionable odors.
- No animals shall be allowed to enter or be in the room wherein electrolysis is performed except as provided by section 413.08, F.S.
- An appointment record, which lists the name of each person who has received electrolysis treatment, shall be maintained on the electrology facility premises.
- Proof of registration for each laser device located within the electrology facility as required by Section 501.122, F.S.
- Written designation of laser safety officer.
- Appropriate sign on door of laser room.
- Lock on door of laser room.
- Protective eyewear for all persons in laser room during operation of laser.
- Fire extinguisher in vicinity of laser room.
- Cold water and ice.
- At least one piece of properly registered laser equipment located within the electrology facility.



EMPLOYMENT VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT

Complete this part and submit a copy to your employer for completion.

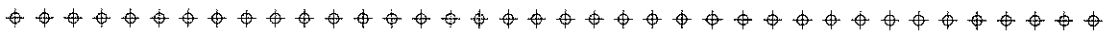
Applicant Name: _____ SS#: _____

Address: _____

NAME OF PHYSICIAN OR MEDICAL FACILITY: _____

I hereby authorize release of any information regarding my employment status with your practice/medical facility to the Electrolysis Council.

Applicant Signature: _____ Date: _____



PART II: TO BE COMPLETED BY PHYSICIAN/EMPLOYER OR MEDICAL FACILITY/EMPLOYER

Please complete this part regarding the above individual and return this form to the address listed below. Thank you for your cooperation in this matter.

APPLICANT NAME: _____ SS#: _____

PHYSICIAN NAME (IF APPLICABLE): _____ LICENSE #: _____

PLACE OF EMPLOYMENT: _____

BUSINESS ADDRESS: _____
(Mailing address, city, state and zip)

POSITION TITLE: _____

DATES OF EMPLOYMENT: _____ THROUGH _____

ELIGIBLE FOR REHIRE? _____
If not eligible for rehire, please give reason on additional sheet.

VERIFIED BY: _____
Verifying Agent

DATE: _____
Name

PHONE NUMBER: _____
Title

DIVISION OF MEDICAL QUALITY ASSURANCE
ELECTROLYSIS COUNCIL
4052 Bald Cypress Way Bin #C05 • Tallahassee, Florida 32399-3255

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



Application for Electrolysis Facility Licensure

New Facility or New Ownership

- ⇒ An electrology facility is defined as that portion of any establishment or place wherein electrolysis is performed.
- ⇒ It may be part of an existing facility, such as a cosmetology salon, and may be located in a residence.
- ⇒ All electrolysis training programs must be licensed as electrology facilities.
- ⇒ The electrology facility **MUST** be licensed **PRIOR** to opening the facility and offering electrolysis services.
- ⇒ No license for an electrology facility may be transferred from the name of the original license to another.
- ⇒ A new application must be submitted when ownership changes.
- ⇒ An application for Transfer of Location must be submitted **prior** to the moving of an existing licensed facility.

APPLICATION TYPE... CHECK ONLY ONE

- New Facility:** \$305 total (\$100 application fee; \$100 inspection fee; \$100 licensure fee; \$5 unlicensed activity fee), *or*
- New Ownership:** \$305 total (\$100 application fee; \$100 inspection fee; \$100 licensure fee; \$5 unlicensed activity fee)

FACILITY INFORMATION

COMPLETE FACILITY NAME (as it should appear on license): _____

PHYSICAL LOCATION OF FACILITY: _____ Suite: _____

City: _____ State: _____ Zip: _____ County: _____

MAILING ADDRESS (if different from facility): _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

FACILITY NUMBER: (_____) _____ - _____ **FACILITY FAX:** (_____) _____ - _____

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: _____ @ _____

OWNER'S ADDRESS INFORMATION: Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

OWNER'S NUMBER: (_____) _____ - _____ **OWNER'S FAX NUMBER:** (_____) _____ - _____

OWNER EO NUMBER (IF APPLICABLE)

If the FACILITY OWNER is a DOH licensed electrologist, please give the license number: EO _____

ANTICIPATED OPENING DATE AND HOURS OF OPERATION

Anticipated Opening Date: _____ / _____ / _____

Anticipated Hours of Operation: *please list actual hours in the space provided by each day. If you will not be open, please write "N/A." If by appointment only, indicate with, "Appt."*

Mon: _____ - _____ Tues: _____ - _____ Wed: _____ - _____ Thurs: _____ - _____ Fri: _____ - _____ Sat: _____ - _____ Sun: _____ - _____

BUILDING TYPE

Please indicate the type of building where the FACILITY will be located:

- Office Building Shopping Center/Department Store Home/Residence
 Physician's Office* Medical Facility* Cosmetology Salon/Barber Shop
 Health Club/Spa Other: _____

*If you checked "Physician's Office or Medical Facility," are you or will you be employed be a physician of medical facility?

- YES NO (If you answered "YES," have the physician or medical facility complete the attached Employment Verification Form.)

PREVIOUS OWNERSHIP

Has the facility ever been previously owned? YES NO (If you answered "YES," please answer the questions below.)

Name of Previous Owner: _____

Name of Facility: _____ License Number of Facility: EP _____

LICENSED ELECTROLOGIST

Please list the full names and license numbers of any and all electrologists who will be practicing in the facility, including the facility owner if that owner is still or will be a licensed electrologist:

Name: _____ License Number: EO _____

Name: _____ License Number: EO _____

Name: _____ License Number: EO _____

Name: _____ License Number: EO _____

HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

1. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?? <i>(If you responded "no", skip to #2.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If "yes" to 1, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? <i>(If "yes", please provide supporting documentation).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? <i>(If you responded "no", skip to #3.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If "No", do not answer 3a. and skip to #4.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated but reinstated, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If "No", do not answer 4a or 4b. and skip to #5.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with a state Medicaid program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT CERTIFICATION

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

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

I have carefully read the instructions and questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application or in any supporting documentation, I acknowledge that such an act constitutes cause for denial, disciplinary action, suspension or revocation of my license to own and operate an Electrology Facility under Chapter 478, Florida Statutes, in the State of Florida. I hereby affirm that I have read and understood Chapter 478, Florida Statutes, and rules 64B8-50 through 56, Florida Administrative Code, and acknowledge that I must abide by them.

Signature of Facility Owner (required)

_____/_____/_____
Date Signed (required)

Florida Department of Health
Electrolysis Council

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



Facility License Number Being Transferred: EP _____

Application for Transfer of Electrolysis Facility Location

- ⇒ It is illegal to operate an electrology facility in the State of Florida without the appropriate license first issued by the Department of Health and the Electrolysis Council of the Board of Medicine.
- ⇒ No license for an electrology facility may be transferred from the name of the original license to another.
- ⇒ Once the transfer of location application, documentation and fees are received, processed and approved by Council staff, electrolysis services may be offered in the new location prior to inspection for a period of 60 days in the new facility.
- ⇒ An application for Transfer of Location must be submitted PRIOR to moving of an existing licensed facility.

FEES

Transfer of Facility: \$200 total (\$100 application fee; \$100 inspection fee)

Note: Electrology facility licenses expire on May 31st of every even numbered year; if the license is not renewed by that date, the license will become delinquent for six months and then become null and void.

FACILITY INFORMATION

COMPLETE FACILITY NAME (as it should appear on license): _____

PHYSICAL LOCATION OF FACILITY: _____ Suite: _____

City: _____ State: _____ Zip: _____ County: _____

MAILING ADDRESS (if different from facility): _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

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

CORRESPONENCE 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:** _____ @ _____

OWNER'S ADDRESS INFORMATION: Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

OWNER'S NUMBER: (____) _____ - _____ **OWNER'S FAX NUMBER:** (____) _____ - _____

OWNER EO NUMBER (IF APPLICABLE)

If the **FACILITY OWNER** is a DOH licensed electrologist, please give the license number: EO _____

ANTICIPATED OPENING DATE AND HOURS OF OPERATION

Anticipated Opening Date: _____ / _____ / _____

Anticipated Hours of Operation: *please list actual hours in the space provided by each day. If you will not be open, please write "N/A." If by appointment only, indicate with, "Appt."*

Mon: _____ - _____ Tues: _____ - _____ Wed: _____ - _____ Thurs: _____ - _____ Fri: _____ - _____ Sat: _____ - _____ Sun: _____ - _____

BUILDING TYPE

Please indicate the type of building where the FACILITY will be located:

- Office Building
- Shopping Center/Department Store
- Home/Residence
- Physician's Office*
- Medical Facility*
- Cosmetology Salon/Barber Shop
- Health Club/Spa
- Other: _____

*If you checked "Physician's Office or Medical Facility," are you or will you be employed be a physician of medical facility?

YES NO (If you answered "YES," have the physician or medical facility complete the attached Employment Verification Form.)

PREVIOUS OWNERSHIP

Has the facility ever been previously owned? YES NO (If you answered "YES," please answer the questions below.)

Name of Previous Owner: _____

Name of Facility: _____ License Number of Facility: EP _____

LICENSED ELECTROLOGIST

Please list the full names and license numbers of any and all electrologists who will be practicing in the facility, including the facility owner if that owner is still or will be a licensed electrologist:

Name: _____ License Number: EO _____

Name: _____ License Number: EO _____

Name: _____ License Number: EO _____

Name: _____ License Number: EO _____

HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

1. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?? <i>(If you responded "no", skip to #2.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If "yes" to 1, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? <i>(If you responded "no", skip to #3.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If "No", do not answer 3a. and skip to #4.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated but reinstated, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If "No", do not answer 4a or 4b. and skip to #5.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with a state Medicaid program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT CERTIFICATION

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

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

I have carefully read the instructions and questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application or in any supporting documentation, I acknowledge that such an act constitutes cause for denial, disciplinary action, suspension or revocation of my license to own and operate an Electrology Facility under Chapter 478, Florida Statutes, in the State of Florida. I hereby affirm that I have read and understood Chapter 478, Florida Statutes, and rules 64B8-50 through 56, Florida Administrative Code, and acknowledge that I must abide by them.

Signature of Facility Owner (required)

_____/_____/_____
Date Signed (required)