

ELECTROLOGIST APPLICATION (INSTRUCTIONS)

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND RETAIN FOR REFERENCE REGARDING THE APPLICATION PROCESS.

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.

Please see Page 4 of the instructions for the checklist of items to be submitted for this application method.

TEMPORARY PERMITS

- Temporary permits may be requested if you wish to practice electrolysis prior to examination and/or licensure. See section 5 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

To become eligible to sit for the examination, you must submit your application and applicable fees to the Electrolysis Council Office by the application deadline published on the Council's website. For a current schedule of upcoming exams, application deadlines, as well as current exam information, please visit the following website: <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/index.html> or contact the Council Office at 850-245-4373.

Upon completion of the application review process, the Council office will inform accepted candidates, by letter, that the application has been approved. The Council office will submit the names of each approved candidate to the testing vendor.

Candidates should thereafter expect to receive authorization from the testing vendor to sit for the examination and information regarding the registration process. Candidates will be responsible for paying the required examination fee directly to the testing vendor.

FEES:
\$205 TOTAL

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

- All fees are payable by check or money order made out to: **Department of Health/Electrolysis Council**. (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.
- **Examination Fee:** The examination fee is separate from those referenced above and will be paid directly to the testing vendor.

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.

Please see Page 4 of the instructions for the checklist of items to be submitted for this application method.

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/Electrolysis Council**. (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 FOR EXAMINATION AND ENDORSEMENT APPLICANTS

- **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 "Course Search" and then selecting the profession "Electrologist" under "Get Started". 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 for Clinical and Medical Hair Removal, Inc. – 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, Inc., 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.

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.

- On page 1, Question 3, Profile Information, it is important that you provide the mailing address at which you would like to receive important Department of Health correspondence regarding your application and license. If you have a change of mailing address, please promptly notify the Council Office via e-mail to MQA_Electrolysis@doh.state.fl.us, or, send to the mailing address listed for supporting documents on page 1 of the application.
- 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 within 75 days of the examination *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.
- Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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.floridahealth.gov/licensing-and-regulation/electrolysis/licensing/index.html> to obtain information concerning electrology facility licensure.

APPLICATION CHECKLISTS

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

EXAMINATION CANDIDATES:

- _____ 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 5 of the application.
- _____ 2. **FEES: \$205 examination**
Submit this fee along with your application. Payment should be in the form of a cashier's check or money order made payable to the Department of Health/Electrolysis Council.
- _____ 3. **PROOF OF DATE OF BIRTH:** Can use either: 1) copy of driver's license; 2) birth certificate; or 3) current passport.
- _____ 4. **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.
- _____ 5. **PROOF OF ELECTROLYSIS TRAINING:** All applications must include an official transcript from an approved school of electrology which identifies the credits taken by home study or correspondence courses and those taken in classroom settings, pursuant to 6488-51.001(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. If documents are in a language other than English, a translation must be submitted. A listing of approved electrolysis training programs may be viewed at <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/resources/index.html>.

ENDORSEMENT CANDIDATES:

- _____ 1. **APPLICATION FORM:** All questions answered, and all required documentation submitted. If a question is not applicable, mark "N/A." The "Statement of Applicant" section must be signed and dated. Temporary permits will not be issued without completing section 5 of the application.
- _____ 2. **FEES: \$205 endorsement**
Submit this fee along with your application. Payment should be in the form of a cashier's check or money order made payable to the Department of Health/Electrolysis Council.
NOTE: Endorsement applicants may also be required to sit for the examination. If so, staff will advise you if the additional examination fee will be required to be paid to the examination vendor.
- _____ 3. **PROOF OF ACTIVE LICENSE IN STATE OR JURISDICTION OF ENDORSEMENT:** Please provide official verification for the active state or jurisdictional license that you are endorsing. Online verifications may meet this requirement; otherwise, you may be requested to contact the applicable regulatory authority and request that an official verification be sent directly to the Council office. If documents are in a language other than English, a translation must be submitted.
- _____ 4. **COPY OF OTHER STATE OR JURISDICTION'S ELECTROLOGIST LICENSURE LAWS AND RULES:** A copy of the laws and rules governing your licensure in another state or jurisdiction must come directly from the governing body. If documents are in a language other than English, a translation must be submitted.
- _____ 5. **PROOF OF ELECTROLYSIS TRAINING (OPTIONAL):** To further assist in the Council's review of the requirements for licensure in the state or jurisdiction of endorsement, you may provide 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. If not an approved Florida Electrolysis training school, you may submit a curriculum outline and a letter from the director of the program. As a reminder, no home study or correspondence is approved by the Council as an electrolysis training program. If documents are in a language other than English, a translation must be submitted.

ALL CANDIDATES:

- _____ 1. **ADDRESS:** On page 1, question 3, profile information, list your mailing address (the address at which you would like to receive important correspondence regarding your application and license) as well as 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.
- _____ 2. **VERIFICATION OF ADDITIONAL LICENSES OR CERTIFICATES IN OTHER STATES OR JURISDICTIONS:** Verification must be submitted for each electrologist license and any health related license or certificate, currently or ever held. Online verifications may meet this requirement; otherwise, you may be requested to contact the applicable regulatory authority and request that official verification be sent directly to the Council office. If needed, you may use the form included in this application packet. All verifications must be sent to the council office directly from each respective state or jurisdiction.
- _____ 3. **PROOF OF PREVENTION OF MEDICAL ERRORS EDUCATION:** All applicants must complete an approved 2-hour prevention of medical errors course approved by the Florida Electrolysis Council. Please refer to the instructions on Page 2 regarding searching for an approved medical errors course.

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(a)(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.

You must answer all of the following questions. If you answer “yes”, you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your “yes” answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your “yes” answers. Your “yes” answer would not be an automatic cause for denial.

NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Electrology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 478, Florida Statutes, or Rule Chapter 64B8, Florida Administrative Code.

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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mission Statement:

To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. Our vision is to be the **Healthiest State** in the Nation.

4052 Bald Cypress Way, BIN #C-05

Tallahassee, FL 32399-3255 Phone: (850) 245-4373 Fax: (954) 358-4432

<http://www.floridahealth.gov/licensing-and-regulation/electrolysis/index.html>

5. REQUEST FOR A TEMPORARY PERMIT

TEMPORARY 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: ____/____/____

6. 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 you 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

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

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 Endorsement

E. Are you now or have you ever been licensed in any other health care profession? Yes No

We will attempt to retrieve verification of any licenses listed below on the applicable board website. We will only request submission of an official verification directly from the board when the information online is insufficient.

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

7. 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? _____

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:

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

E. Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapters 456 or 478, Florida Statutes? YES NO

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.

<p>11. Have you 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 #12.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>d. If "yes" to 1, have you 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).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. Have you 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 #13.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>13. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If "No", do not answer 13a. and skip to #14.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. Have you 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 14a or 14b. and skip to #15.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>a. Have you been in good standing with a state Medicaid program for the most recent five years?</p>	regulation/ind ^{fl} <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>b. Did the termination occur at least 20 years before the date of this application?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16. If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? <i>(If "yes", please provide official documentation verifying your enrollment status.)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

17. 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.

18. 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, 775.082, 775.083 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. 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)

SPECIAL TESTING ACCOMMODATIONS INFORMATION

Candidates requiring special testing accommodations will need to apply directly with the testing vendor, Prometric, once it provides notice to applicants to complete the registration process for the examination, by completing the application on its website at the following address: https://www.prometric.com/en-us/clients/aea/Documents/AEAADAApplication_20091215.pdf.



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: _____ GRANDFATHER 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 "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: _____
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 (954) 358-4432
Web site: www.floridahealth.gov/licensing-and-regulation/index.html