



STATE OF FLORIDA APPLICATION FOR TRANSFER OF ELECTROLYSIS FACILITY LOCATION

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

APPLICATION INSTRUCTIONS

- **BEFORE** submitting your transfer of location application, ensure that your facility meets all required equipment, safety and sanitation requirements. Checklists are enclosed in this packet to assist you with preparation. All requirements are also outlined in Rule 64B8-51.006, F.A.C., Rule Governing Licensure and Inspection of Electrology Facilities.
- Once your checklists are complete, submit this paper application, or, apply online at <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/applications-and-forms/index.html>.

APPLICATION FEES

\$200 TOTAL

(\$100 application fee and \$100 inspection fee)

- All fees are payable by check or money order made out to: Department of Health/Electrolysis Council. (DO NOT SEND CASH.)

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

TRANSFER OF FACILITY INFORMATION

- When a licensed facility is transferring locations, the old facility license must be surrendered with the transfer of location application. The original hard copy of the old facility license must be submitted. Copies are unacceptable.
- 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. The most current inspection form is available at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/inspection-forms.html>.
- 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.

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 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. All of the items below must be in the facility at the time of inspection, unless otherwise noted. See Rule 64B8-51.006(3), Florida Administrative Code, for more information. See additional requirements on page 4 of this packet.

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.

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 electrology facility must be kept in working order when the facility is open for business;
- A treatment table or treatment chair with a 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 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 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
- 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 shall be cleaned prior to use on each client and stored in a closed container or compartment. Used cloths shall 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 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;
- Covered containers for needles/probes and forceps/tweezers which containers are capable of being clean and sterilized;
- A sterilizer which shall 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" shall not be used for instrument sterilization;
- Spore destruction tests for monitoring the autoclave or dry heat sterilizer; and
- Monthly records of spore destruction test (*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:

- Proof of certification of 30 hours of continuing education in laser hair removal for all electrologists using laser equipment in the facility; a listing of approved course providers is available on the Council's website at <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/documents/approved-laser-providers-list1.pdf>;
- For all electrologists using laser or light-based equipment in the facility, proof of having passed the Society for Clinical and Medical Hair Removal test for certification as a Certified Medical Electrologist;
- For devices required to be registered, proof of registration for each laser or light-based device in use at the facility as required by Section 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 which is where all use of such equipment shall 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, shall 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 paragraph 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 inspection. Use this checklist to ensure compliance. See Rule 64B8-51.006(4), 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.

- 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.
- An appointment book shall be maintained and kept on the electrology facility premise which lists the name of each person who has received electrolysis treatment. The appointment book shall be maintained for four (4) years. The appointment book may be an electronic record.

Important Notice: Once your facility license is issued under one modality (epilator or laser/light-based), to add or switch the modality of hair removal services being provided, you must submit the *Application for Inspection for Adding or Switching to a New Electrology Modality*, Form DH5008-MQA-09/2015. The facility must pass an inspection prior to implementing the new modality.

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 _____

FACILITY APPLICATION
Transfer of 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.

1. FACILITY INFORMATION

BUSINESS FACILITY NAME (D/B/A) (as it should appear on license): _____

CORPORATE NAME (if different from D/B/A): _____

PHYSICAL LOCATION OF FACILITY: _____ Suite: _____
 City: _____ State: _____ Zip: _____ County: _____

MAILING ADDRESS (if different from facility): _____ Suite: _____
 City: _____ State: _____ Zip: _____ County: _____

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*:

*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.

PRACTICE MODALITY TYPE:

Epilator Hair Removal Only Laser & Light-Based Hair Removal/Reduction Only Both Modalities

Important Information for Facilities Providing Laser & Light-Based Hair Removal Services
 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. Please review the rule and additional information regarding these requirements available on our website at <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/laser/index.html> to ensure compliance.

2. OWNERSHIP INFORMATION

Type of Ownership: <i>Check only one.</i>	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Other: _____	
Name of Owner:	_____	
Mailing Address:	_____ Apt. #: _____	
City:	State: _____	Zip: _____
If the Facility Owner is a DOH licensed electrologist, please give the license number:	EO _____	
If corporation, list all corporate officers: (attach additional sheets if necessary)		
Officer Name:	Officer Title:	Telephone Number:
Name of Authorized Corporate or Facility Representative:		
Additional Phone Number:		

3. 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 _____

4. 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: _____ - _____

5. 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 by a medical doctor or osteopathic physician?
 YES
 NO (If you answered "YES," have the physician or medical facilities complete the attached Employment Verification Form.)

6. LICENSED ELECTROLOGISTS

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. Attach additional pages as needed to list all Electrologists. For Electrologists providing laser or light-based hair removal/reduction services, please provide the additional information requested, if available. Documentation of completed requirements may be attached for upload to the Electrologist's licensure record.

Name:	License Number	EO _____
Providing Laser/Light Based Hair Removal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide information below.		
1. 30-Hour CE Completion Date:		
2. CME Completion Date:		
3. Supervising Physician/License No.		
4. Physician/Electrologist Protocols Complete Date:		
Name:	License Number	EO _____
Providing Laser/Light Based Hair Removal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide information below.		
1. 30-Hour CE Completion Date:		
2. CME Completion Date:		
3. Supervising Physician/License No.		
4. Physician/Electrologist Protocols Complete Date:		
Name:	License Number	EO _____
Providing Laser/Light Based Hair Removal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide information below.		
1. 30-Hour CE Completion Date:		
2. CME Completion Date:		
3. Supervising Physician/License No.		
4. Physician/Electrologist Protocols Complete Date:		

7. PREVIOUS LICENSURE AND CRIMINAL HISTORY

A. Has any owner/officer of the proposed establishment ever held a facility license in Florida? If yes, complete the following for each establishment owned: (attach additional sheets if necessary) Facility Name: _____ Facility License Number: _____ Current Status of License: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any owner/officer ever been issued a cease and desist agreement or citation for the unlicensed practice of electrology or operating an establishment without a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has any owner/officer of the proposed establishment ever had a license or certificate of registration to practice electrology or any other licensed profession or a electrology facility license revoked, suspended or otherwise acted against (including but not limited to probation, fine, reprimand, or surrender of a license) in a disciplinary proceeding or in response to an investigation in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has any owner/officer of the proposed establishment ever had a license or certificate of registration to practice electrology or any other licensed profession or an electrology facility license denied for any reason in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Is there currently pending against any owner/officer of the proposed establishment a complaint or investigation in any state/jurisdiction for professional conduct or competence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Has any owner/officer 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)? <i>You must include all felonies and misdemeanors, even if adjudication was withheld by the court so that you would not have a record of conviction. Please note-Driving under the influence is NOT considered a minor traffic offense.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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>8. 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 #9.)</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, 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></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. 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 #10.)</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>10. 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 10a. and skip to #11.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. 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 11a or 11b. and skip to #12.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<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>12. 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. APPLICANT

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 further state 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)



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