STATE OF FLORIDA ELECTROLOGIST LICENSURE APPLICATION

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

Florida provides a choice of two methods to apply for the State Electrologist License - **Examination *or* Endorsement**. Eligibility requirements for each method are provided below and checklists for applying are also enclosed in this packet to assist you with obtaining licensure in the most efficient manner possible.

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 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.

LICENSURE BY ENDORSEMENT

ELIGIBILITY REQUIREMENTS

- Holds an active license or other authority to practice electrology in another jurisdiction whose licensure requirements are determined by the board to be equivalent to the licensure requirements in Florida.

APPLICATION 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.)
- An incomplete application expires 1 year after the initial filing. Please note that in the event your application expires, is denied or is withdrawn, the application fees are non-refundable. If requested, the licensure and unlicensed activity fee may be refunded to you.
- **Examination Fee:** For applicants applying for licensure by examination, there is a separate $150 examination fee to be paid directly to the testing vendor.

LICENSURE BY EXAMINATION

APPLICATION INSTRUCTIONS & CHECKLIST

1. REGISTER for the American Electrology Association's (AEA) International Board of Electrologist Certification (IBEC) Licensure Examination with exam vendor, Prometric.

- On the Internet, access Prometric's Scheduling system at https://www.prometric.com/en-us/clients/aea/Pages/landing.aspx.
- Pay the $150 Examination fee by credit card, at the time you go online to register.
- Select your Preferred Exam Date and Preferred Location within Prometric's scheduling system.
- No Internet Access? Contact a PROMETRIC Scheduling Representative at 1-800-881-4214. You will need to have your credit card ready to pay the examination fee by phone.
- If you will require Special Testing Accommodations during the exam (*for those who need assistance under the Americans with Disabilities Act*), please contact PROMETRIC Testing Accommodations at 1-800-967-1139 **BEFORE** you register for the examination.

2. AFTER you have passed the examination, submit your application along with the required supporting documents in the checklist below to the Council Office. When the Council Office receives confirmation of your test scores from Prometric and have verified that your application meets Florida's requirements, your license will be issued.

SUBMIT PAPER APPLICATION, SUPPORTING DOCUMENTS AND FEES TO:

Materials with fees sent regular mail delivery:
Department of Health - Electrolysis Council
P.O. 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

APPLICATION CHECKLIST

—— **APPLICATION FORM:**
All questions answered. If a question is not applicable, mark "N/A." Sign and date the application.

—— **FEES: $205**
Submit this fee along with your application. Paper applications should be accompanied by payment in the form of a cashier's check or money order payable to the Department of Health/Electrolysis Council.

—— **PROOF OF DATE OF BIRTH:**
Can use either: 1) copy of driver's license; 2) birth certificate; or 3) current passport.

—— **PROOF OF HIGH SCHOOL EDUCATION:**
If in a language other than English, a translation must be submitted. A copy of the actual high school or high school equivalent diploma or transcript that shows the date of graduation are acceptable as proof of high school education. A credentials evaluation is also required if high school or equivalent education was completed outside of the United States.

—— **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 64B8-51.001(2), F.A.C. If not approved, a curriculum outline and a letter from the director of the program are required. 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.

Prefer to apply and pay online instead? Visit our website at http://www.floridahealth.gov/licensing-and-regulation/electrolysis/applications-and-forms/index.html.

LICENSURE BY ENDORSEMENT

APPLICATION INSTRUCTIONS & CHECKLIST

 # 1. **VERIFY** your Electrologist license in the other state or jurisdiction is valid and active at the time of application to Florida and will be valid for at least 1 year after you apply. If the state or jurisdiction's online verification system does not provide information on whether your Electrologist license has or has not been publicly disciplined, request an official verification including your status be mailed to the Florida Electrolysis Council Office.

 # 2. **OBTAIN** a copy of the Electrologist laws and rules under which you were licensed in the other state or jurisdiction from the applicable regulatory agency. The regulations should be those that were in effect at the time you were initially licensed in the other state. Verify that the regulations include information on the number of electrolysis training hours required, examination requirements and any other criteria you had to meet to be qualified for Electrologist licensure in that state or jurisdiction.

 # 3. **SUBMIT** your application along with the required supporting documents in the checklist below to the Council Office. Once your application is determined complete by staff, your application will be scheduled for review by the Florida Electrolysis Council at its next scheduled meeting and you will receive a meeting notice with all applicable details. The Council will determine whether the requirements between the state or jurisdiction you are endorsing are substantially equivalent to Florida's requirements. If the Council approves the application, a license will be issued.

SUBMIT PAPER 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

APPLICATION CHECKLIST

___ **APPLICATION FORM:**
All questions answered. If a question is not applicable, mark "N/A." Sign and date the application.

___ **FEES: $205**
Submit this fee along with your application. Paper applications should be accompanied by payment in the form of a cashier's check or money order 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.

___ **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.

___ **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.

___ **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. If documents are in a language other than English, a translation must be submitted.

Prefer to apply and pay online instead? Visit our website at http://www.floridahealth.gov/licensing-and-regulation/electrolysis/applications-and-forms/index.html and select "**Apply Online**".

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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ NO

Florida Department of Health

Client 6501

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

ELECTROLOGIST APPLICATION

Applications are good for one year from date of original submission of the application and fee; application fees are non-refundable. Failure to complete this entire application, or to attach any required documentation, will result in an incomplete application; your application will not be considered until it is complete. Please type, or print in blue or black ink.

2. APPLICATION TYPE… *CHECK ONLY ONE*

☐ **Examination (1010):** $205 total ($100 application fee; $100 licensure fee; $5 unlicensed activity fee)
☐ **Endorsement (1021):** $205 total ($100 application fee; $100 licensure fee; $5 unlicensed activity fee)

3. PROFILE INFORMATION… *LIST YOUR FULL, LEGAL NAME AS IT SHOULD APPEAR ON YOUR LICENSE (NO NICKNAMES)*

NAME: (Last)_____(First)_____(Middle) _____

List all names by which you are currently known or have been known in the past:

_____

MAILING ADDRESS+:_____(Apt. #) _____

City:_____State:_____Zip:_____ Country: _____

+Please list here the address at which you would like to receive important Department of Health correspondence regarding your application and license. Do NOT list your training school's address in this section. Note: Once licensed, the Mailing address will display on the Internet if you have not provided a practice location address.

FACILITY INFORMATION

(Required. If not applicable at time of application, please indicate with "N/A." The practice location will display on the internet and your license.)

FACILITY NAME: _____

WORK NUMBER: (_____)_____- _____ **HOME NUMBER:** (_____)_____- _____

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

DATE OF BIRTH:_____/_____/_____

CORRESPONDENCE VIA E-MAIL: ☐ **YES** ☐ **NO**

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.

***Email Address:**

4. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60–3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Are you a US citizen? ☐ YES ☐ NO If "no," give your alien number: _____

Sex: □ Male □ Female

Race: □ White □ Black □ Asian/Pacific Islander □ Hispanic □ Other: _____

***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.**

5. EDUCATION HISTORY

a. Name of High School or High School Equivalency Program: _____

Graduation Date: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

b. Name of Electrolysis Training School:_____

Graduation Date: _____ / _____ / _____ Academic Hours: _____ Practical Hours: _____

Were any of the hours completed by home study: ☐ Yes ☐ No If "yes," how many hours? _____

6. EXAM HISTORY

a. Have you taken the AEA/IBEC Examination? ☐ Yes ☐ No

i) If "Yes", please indicate the date the examination was taken: ___/___/___

ii) If "Yes", please indicate your exam results status: ☐ Pass ☐ Did Not Pass

b. Do you have a scheduled exam date? ☐ Yes ☐ No

i) If "Yes", please indicate your scheduled exam date: ___/___/___

ii) If "No", see instructions on page 2 of the application instructions for steps on scheduling the examination.

7. APPLICANT BACKGROUND... ATTACH ADDITIONAL SHEETS IF NECESSARY

a. Have you ever applied for Electrologist licensure in the state of Florida? **b.** If "Yes", please indicate the date you previously applied: ____/____/_____ **c.** If "Yes," did you apply by Exam or Endorsement? ☐ Exam ☐ Endorsement	☐ Yes ☐ No
d. Do you now or have you ever held a temporary permit, license/certification, or other authorization, regardless of status, to practice Electrology or any health-related profession in any state (including Florida), U.S. territory or foreign country?	☐ Yes ☐ No

State	License Title	License Number	Original Issue Date	Expiration Date	License Status

ALL APPLICANTS

Answer all the following questions "YES" or "NO" – Do not leave blank. "YES" answers to questions in sections 9 and 10 must be accompanied be a written personal statement 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.

8. CRIMINAL HISTORY

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:

_____
_____
_____
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_____

9. 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

Note: If you answered "YES", you must contact the board(s) in the states you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Board office.

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.

10. 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? ***(If you responded "no", skip to #11.)***	☐ YES ☐ 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?	☐ YES ☐ 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).	☐ YES ☐ 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?	☐ YES ☐ NO
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).	☐ YES ☐ NO
11. 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)? ***(If you responded "no", skip to #12.)***	☐ YES ☐ 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?	☐ YES ☐ NO
12. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? ***(If "No", do not answer 12a. and skip to #13.)***	☐ YES ☐ NO
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?	☐ YES ☐ NO
13. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ***(If "No", do not answer 13a or 13b. and skip to #14.)***	☐ YES ☐ NO
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ YES ☐ NO
b. Did the termination occur at least 20 years before the date of this application?	☐ YES ☐ NO
14. 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?	☐ YES ☐ NO

15. REQUEST FOR A TEMPORARY PERMIT (OPTIONAL)

TEMPORARY PERMIT: ☐ YES ☐ NO

If you are applying by examination and are requesting a temporary permit you must **submit proof of a scheduled examination date for the AEA/IBEC Licensure exam** and 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: _____/_____/_____

16. 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. For more details on requirements visit our website at http://www.floridahealth.gov/licensing-and-regulation/electrolysis/laser/index.html.

17. 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)

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 _____

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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 32399-3255
Telephone (850) 245-4373 **Fax** (954) 358-4432
Web site: www.floridahealth.gov/licensing-and-regulation/index.html