

# Electrologist Licensure Application by Examination



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



**Are you an active-duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at

<http://www.flhealthsource.gov/valor>.



# Electrologist Licensure Application by Examination

**Electrolysis Council**  
**P.O. Box 6330**  
**Tallahassee, FL 32314-6330**  
**Fax: (850) 414-6860**  
**Email: MQA.electrolysis@flhealth.gov**

**Do Not Write in this Space  
For Revenue Receiving Only**

**Electrologist Licensure by Examination (1010)      \$205.00**

**Total fee of \$205.00 includes the following:**

Application Fee	\$100.00
Licensure Fee	\$100.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$105.00 (Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

**Mailing Address:** (The address where mail and your license should be sent) Do not list your training school's address in this section. Once licensed, this address will display on the internet if a Practice Location address is not provided.

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
State ZIP Country Home/Cell Telephone

**Practice Location:** (Required. If not applicable at the time of application, list N/A.- This address will be posted on the Department of Health's website.)

\_\_\_\_\_  
Facility Name Fax Number

\_\_\_\_\_  
Street Suite No. City

\_\_\_\_\_  
State ZIP Country Work/Cell Telephone

**EQUAL OPPORTUNITY DATA:**

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

**Gender:**    Male                      Race:    Native Hawaiian or Pacific Islander      Hispanic or Latino                      White  
                  Female                      American Indian or Alaska Native        Black or African American              Asian  
                                                       Two or More Races

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

Yes                      No                      Email Address: \_\_\_\_\_

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

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**U.S. Social Security Number:** \_\_\_\_\_

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

B. Are you at least 18 years of age?      Yes      No

As proof of age, submit a copy of your driver's license, birth certificate, or current passport.

C. Have you ever applied for an electrologist license in the state of Florida?      Yes      No

If "Yes," provide date previously applied: \_\_\_\_\_ and indicate the method you applied under:  
MM/DD/YYYY

Examination      Endorsement

D. Do you hold, or have you ever held a temporary permit, license/certification, or other authorization, regardless of status, to practice electrology or any health or cosmetology-related profession in any state (including Florida), U.S. territory, or foreign country?      Yes      No

E. List all health and cosmetology-related licenses (active, inactive, or lapsed).

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

Board staff will attempt to complete verifications online for states that include disciplinary history. If the disciplinary history information is not available online, you will be required to request an official verification.

License verifications must be received directly from the licensing authority regardless of the status of the license.

**A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

**4. AVAILABILITY FOR DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes      No

If you respond "Yes," your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

Name: \_\_\_\_\_

**5. EDUCATION HISTORY**

A. List your high school or high school equivalency program.

<b>School Name:</b>		<b>School Address</b> (Street, City, State, ZIP, Country):		
<b>Graduation Date</b> (MM/DD/YYYY):		<b>Degree Awarded:</b>	<b>Diploma</b>	<b>GED</b>

**All applicants must submit** a copy of the actual high school or high school equivalent diploma or a transcript that shows the date of graduation. Education completed outside the United States requires a credentials evaluation. If in a language other than English, a translation must be submitted. A general listing of credentials evaluators is available online at: <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/licensing/index.html>.

**Documentation must be mailed to:**

**The Electrolysis Council**  
4052 Bald Cypress Way Bin C-05  
Tallahassee, FL 32399-3255

B. List your electrolysis training school.

<b>School Name:</b>				
<b>Graduation Date</b> (MM/DD/YYYY):		<b>Academic Hours:</b>		<b>Practical Hours:</b>
<b>Type of Training Program:</b>	Epilator Only	Combined Epilator, Laser, and Light-Based		

C. Were any of the hours listed in the chart above completed by home study?      Yes      No

If "Yes," how many hours? \_\_\_\_\_

**All applicants must submit** 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 Rule 64B8-51.001(2), F.A.C. Training programs must consist of at least 120 hours academic training and a minimum of 200 hours practical application. If not approved, a curriculum outline and a letter from the director of the program are required. If in a language other than English, a translation must be submitted.

A list of approved electrolysis training programs can be found online at:  
<http://www.floridahealth.gov/licensing-and-regulation/electrolysis/resources/index.html>.

**6. EXAMINATION HISTORY**

A. Have you ever taken the American Electrology Associations (AEA) International Board of Electrologist Certification (IBEC) examination?      Yes      No

If "Yes," provide examination date: \_\_\_\_\_ and examination result:      Pass      Did Not Pass  
MM/DD/YYYY

B. Do you have a scheduled examination date?      Yes      No

If "Yes," provide the scheduled date: \_\_\_\_\_  
MM/DD/YYYY

**Type of AEA/IBEC Exam Taken:**      Epilator Only      Combined Epilator, Laser, and Light-Based

If "No," schedule your examination and pay the examination fee with Prometric online at <https://www.prometric.com/en-us/clients/aea/Pages/landing.aspx> or by phone at 1(800) 881-4214.

Applicants requiring **Special Testing Accommodations** for the examination (for those who require assistance under the Americans with Disabilities Act), contact Prometric Testing Accommodations at 1(800) 967-1139, **before you register for the examination.**

**This information is exempt from public records disclosure.**

## 7. HEALTH HISTORY

The board and the department, as part of its responsibility to protect the health, safety, and welfare of the public, must assess whether an applicant manifests any physical, mental health, or substance use issue that impairs the applicant's ability to meet the eligibility requirements for a health care practitioner as defined in chapter (ch.) 456, Florida Statutes, and the applicable statutory practice acts.

The board and the department support applicants seeking treatment and views effective treatment by a licensed professional as enhancing the applicant's ability to meet the eligibility requirements to practice a health care profession.

Seeking assistance with stress, mild anxiety, situational depression, family or marital issues will not adversely affect the outcome of a Florida health care practitioner application. The board and the department do not request that applicants disclose such assistance.

1. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or impairs your ability to practice?      Yes      No
2. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or impairs your ability to practice?      Yes      No

**If a "Yes" response was provided** to any of the questions in this section, provide the following documents directly to the board office:

**A letter from a licensed health care practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

Name: \_\_\_\_\_

## 8. DISCIPLINE HISTORY

- A. Have you ever had a license to practice any profession 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 disciplined, terminated, or allowed to resign in lieu of termination from an employment setting where employed as an electrologist or in any capacity in any other health care profession?  
Yes      No
- C. 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
- D. Are you now under investigation in any jurisdiction for an offense which would be a violation of ch. 456 or ch. 478, Florida Statutes?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

## 9. CRIMINAL HISTORY

- A. 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
- B. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Pursuant to s. 943.0585(6)(b), Florida Statutes, and s. 943.059(6)(b), Florida Statutes, an applicant seeking to be licensed by the Department of Health must disclose expunged and sealed criminal history records.      Yes      No

Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.



## 10. CRIMINAL AND MEDICAID / MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), Florida Statutes.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, Florida Statutes (relating to social and economic assistance), ch. 817, Florida Statutes (relating to fraudulent practices), ch. 893, Florida Statutes (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?      Yes      No

**If you responded “No” to the question above, skip to question 2.**

- 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 subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), Florida Statutes)?      Yes      No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), Florida Statutes, has it been more than five 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
2. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to 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)?      Yes      No

**If you responded “No” to the question above, skip to question 3.**

- 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
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, Florida Statutes?      Yes      No

**If you responded “No” to the question above, skip to question 4.**

- 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

Name: \_\_\_\_\_

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?      Yes      No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes      No
- b. Did termination occur at least 20 years before the date of this application?      Yes      No
5. Are you currently listed on the United States Department of Health and Human Services’ Office of the Inspector General’s List of Excluded Individuals and Entities (LEIE)?      Yes      No
- a. If you responded “Yes” to the question above, are you listed because you defaulted or are delinquent on a student loan?      Yes      No
- b. If you responded “Yes” to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE?      Yes      No

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**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.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 7, 8, 9, and 10 must be mailed to:**

**The Electrolysis Council**  
4052 Bald Cypress Way Bin C-05  
Tallahassee, FL 32399-3255

## **11. REQUEST FOR TEMPORARY PERMIT (OPTIONAL)**

Are you requesting a temporary permit?      Yes      No

If you are requesting a temporary permit, you must **submit proof of a scheduled examination date** for the AEA/IBEC licensure examination and have your supervising electrologist complete the “Temporary Permit Supervision Agreement” section below.

Name: \_\_\_\_\_

## 12. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, Florida Statutes.

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

I hereby acknowledge that I have read and understand ch. 478, and chapter 64B8, F.A.C. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

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

### **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, F.A.C. For more details on requirements visit <http://www.floridahealth.gov/licensing-and-regulation/electrolysis/laser/index.html>.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY

## 13. TEMPORARY PERMIT SUPERVISION AGREEMENT (For Temporary Permit Applicants Only)

### **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 a supervisor for this applicant during the tenure of his/her temporary permit. I have read and understand the paragraph and the requirements of section 478.46, Florida Statutes.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

**Electrolysis Council**

4052 Bald Cypress Way Bin C-05

Tallahassee, FL 32399-3255

**Electrolysis Council License Verification Request**



**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Electrolysis Council.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

**Part II: To be completed by state licensing agency**

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Licensure status
- \* Is license in good standing?
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement) If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.