

Application for Electrology Facility Licensure



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
Phone: (850) 245-4373
FAX: (850) 414-6860

Electrology Facility Information

An “**electrology facility**” is that portion of any establishment or place wherein electrolysis is performed.

“**Electrolysis**” means the removal of hair using equipment and devices approved by the Board of Medicine as further outlined in section (s.) 478.42(5), Florida Statutes, and Rule 64B8-56.002, Florida Administrative Code (F.A.C.).

“**Electrologist**” means a person who engages in the practice of electrolysis and is licensed under chapter (ch.) 478, Florida Statutes.

All electrolysis training programs must be licensed as an electrology facility.

Facilities **must be licensed prior** to opening and offering electrology services.

No license may be transferred from one license to the name of another person. If a facility is sold, the new owner must apply to the department for licensure and no electrolysis services may be performed in the facility after the sale until the new owner has received the required license from the department. A person purchasing an electrology facility may apply to the department for licensure prior to the date of purchase. **Prior to moving**, existing facility owners transferring to a new location must submit an “**Application for Transfer of Electrology Facility Location.**”

Florida licensed medical doctors and osteopathic physicians who are operating an electrology facility on the premises of their medical practice location are not required to obtain an electrology facility license. Likewise, electrologists employed by physicians licensed under ch. 458 or 459, Florida Statutes, and practicing at the physician’s medical practice are not required to obtain an electrology facility license. The council office does not make determinations on facility licensure exemption. If you are uncertain whether you meet the noted criteria, consult a legal advisor. Note that facilities requiring but operating without licensure may be subject to the provisions of Rule chapter 64B8-55, F.A.C., Discipline and Licensure Restrictions.

Laser & Light-based Hair Removal Requirements:

Electrologists who are to perform laser and light-based hair removal in the facility must be actively licensed with the Department of Health and meet requirements specified in Rule 64B8-56.002, F.A.C., including providing services only under the **direct supervision** of a medical doctor or osteopathic physician and submission of the required protocols to the Florida Electrolysis Council office.

The Electrolysis Council only has the authority to specify qualifications for licensed electrologists. Other practitioners who are uncertain if the practice of electrolysis services falls within their scope of practice should contact the appropriate board or council for their profession for more information.



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Do Not Write in this Space
For Revenue Receipting Only

Before applying for licensure, ensure that your facility meets all required equipment, safety, and sanitation requirements. All requirements are outlined in Rule 64B8-51.006, Florida Administrative Code (F.A.C.). See the checklists after the application for more information.

Select one method of licensure for the facility (6502):

New Electrology Facility (1020) \$305.00

New Ownership of Existing Facility (1022) \$305.00

Total fee of \$305.00 includes the following:

Application Fee	\$100.00
Inspection 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. *A refund for the Inspection Fee may only be issued if no inspection was started prior to withdrawal.

1. BUSINESS INFORMATION

Corporate Name: _____

Doing Business As (D/B/A) (as it should appear on license): _____

Mailing Address _____ Suite No. _____ City _____

State _____ ZIP _____ County _____ Telephone _____

Physical Location of Facility: _____ Suite No. _____ City _____

(This address will be posted on the Department of Health's website.)

State _____ ZIP _____ County _____ Facility Telephone _____ Facility Fax _____

Practice Modality Type:

Epilator Hair Removal Only

Laser & Light-Based Hair Removal/Reduction Only*

Both Modalities

* Electrologists may perform laser and light-based hair removal only if they follow the requirements specified in Rule 64B8-56.002, F.A.C. Review the rule at <https://www.flrules.org/gateway/ruleNo.asp?id=64B8-56.002>.

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.

Corporate Name: _____

2. OWNERSHIP INFORMATION

A. **Type of Ownership:** (select only one)

Individual	Corporation	Partnership	Sole Proprietorship	Other: _____
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B. Owner Name: _____

Mailing Address _____ Apt. No. _____ City _____

State _____ ZIP _____

C. Is the owner a Florida Department of Health licensed electrologist or actively licensed in Florida under a different health care or cosmetology-related board? Yes No

If “Yes,” provide the license number and the profession.

License Number: _____ Profession: _____

D. If the ownership type is a corporation, list all corporate officers (attach additional sheets if necessary):

Officer Name	Officer Title	Telephone Number

Name of Authorized Corporate or Facility Representative

Additional Telephone Number

E. Has the facility been previously owned? Yes No

If “Yes,” provide the following:

Name of Previous Owner:	
Name of Facility:	
Facility License Number:	EP

F. Has any owner/officer of the proposed establishment ever held an electrology facility license in Florida?
Yes No

If “Yes,” provide the following information (attach additional sheets if necessary):

Facility Name	Facility License #	Current Status

Corporate Name: _____

3. FACILITY INFORMATION

A. Anticipated Opening Date: _____
MM/DD/YYYY

B. Anticipated Hours of Operation: List actual hours. If your facility will not be open, select N/A. If by appointment only, select "Appt."

Weekday	Opening Time		Closing Time		Other
Monday	AM	PM	AM	PM	N/A Appt
Tuesday	AM	PM	AM	PM	N/A Appt
Wednesday	AM	PM	AM	PM	N/A Appt
Thursday	AM	PM	AM	PM	N/A Appt
Friday	AM	PM	AM	PM	N/A Appt
Saturday	AM	PM	AM	PM	N/A Appt
Sunday	AM	PM	AM	PM	N/A Appt

C. Indicate the type of building where the facility will be located:

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

***Note:** If planning to open an Electrolysis Training Program in this facility, approval by the Florida Electrolysis Council and licensure by the Florida Department of Education's Commission on Independent Education is required. For more information review the rule requirements at <https://www.flrules.org/gateway/ruleNo.asp?id=64B8-53.001>.

D. List any other health or cosmetology-related establishment licenses held in the same location as the facility:

Corporate Name: _____

- E. Provide the following information **for all electrologists and any other licensed health care professionals** who will be practicing in the facility, including the facility owner if the owner is or will be a licensed electrologist or other licensed health care professional. **Attach additional copies of this page if necessary.**

Practitioner Name	License Type	License Number	Protocol Completion Date (MM/DD/YYYY)*	Services to be Provided
				Electrolysis Only
				Laser & Light-Based Hair Removal Only
				Both
Training Received	Related Exams Completed (if applicable)	Supervising Physician's License Number *	Direct Supervision Type*	Licensed Electrologists under Designated Supervising Physician*
Electrolysis Only	AEA/IBEC Electrolysis Only	ME _____	On Premises	EO _____
Laser & Light-Based Hair Removal Only	AEA/IBEC Electrolysis, Laser & IPL	OS _____	Via Telehealth	EO _____
320-Hour Combined Modality	CCE	N/A	Both	EO _____
			N/A	
30-Hour Laser & Light-Based CE Course	CME		Note: Direct supervision must meet the requirements of Rule 64B8-56.002, F.A.C.	EO _____
Other	Other			
	NA			
				N/A

* Required for electrologists providing laser and/or light-based hair removal services

* No physician is authorized to supervise more than four electrologists at any one time whether in person or by means of telehealth.

Practitioner Name	License Type	License Number	Protocol Completion Date (MM/DD/YYYY)*	Services to be Provided
				Electrolysis Only
				Laser & Light-Based Hair Removal Only
				Both
Training Received	Related Exams Completed (if applicable)	Supervising Physician's License Number *	Direct Supervision Type*	Licensed Electrologists under Designated Supervising Physician*
Electrolysis Only	AEA/IBEC Electrolysis Only	ME _____	On Premises	EO _____
Laser & Light-Based Hair Removal Only	AEA/IBEC Electrolysis, Laser & IPL	OS _____	Via Telehealth	EO _____
320-Hour Combined Modality	CCE	N/A	Both	EO _____
			N/A	
30-Hour Laser & Light-Based CE Course	CME		Note: Direct supervision must meet the requirements of Rule 64B8-56.002, F.A.C.	EO _____
Other	Other			
	NA			
				N/A

* Required for electrologists providing laser and/or light-based hair removal services

* No physician is authorized to supervise more than four electrologists at any one time whether in person or by means of telehealth.

4. DISCIPLINE HISTORY

- A. 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 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? Yes 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? Yes 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 an electrology facility license denied for any reason in any state? Yes No
- D. 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? 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

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**.

5. CRIMINAL HISTORY

Has the applicant or any officer/owner 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.

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. Yes No

If you responded “Yes” in this section, complete the following:

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

If you responded “Yes,” you must provide the following:

A written self-explanation, describing in detail the circumstances surrounding each offense; including date, 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.

6. 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. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (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 (or the equivalent level of felony in another state or jurisdiction), 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 (or the equivalent level of felony in another state or jurisdiction), 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 s. 893.13(6)(a), Florida Statutes, or similar felony offense committed in another state or jurisdiction.
Yes No
 - c. If “Yes” to 1, for the felonies of the third degree (or the equivalent level of felony in another state or jurisdiction) under s. 893.13(6)(a), Florida Statutes, or a similar felony offense committed in another state or jurisdiction 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, 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? Yes No
2. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 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, is the date of application more than 15 years after the sentence and any subsequent period of probation? Yes No
3. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant 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 “Yes” to 3, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been reinstated and in good standing with the Florida Medicaid Program for the most recent five years? Yes No

Corporate Name: _____

4. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program?
Yes No

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

- a. If “Yes” to 4, 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?
Yes No
- b. If “Yes” to 4, did the termination occur at least 20 years prior to the date of this application?
Yes No
5. Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services’ Office of the Inspector General’s List of Excluded Individuals and Entities (LEIE)? Yes No
- a. If “Yes” to 5, is the applicant, principal, officer, agent, managing employee, or affiliated person of the applicant listed because the individual defaulted or is delinquent on a student loan? Yes No
- b. If “Yes” to 5.a., is the student loan default or delinquency the only reason the individual is listed on the LEIE? Yes No

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

A written self-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.

All documentation must be submitted to:

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

Corporate Name: _____

7. APPLICANT SIGNATURE

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

I understand that 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, Florida Statutes, and Rules 64B8-50 through 56, F.A.C.

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

Signature _____ Date _____
Owner of establishment MM/DD/YYYY

Inspections

Upon review of a complete application, the Department of Health will arrange to send an inspector to the facility to determine compliance with the law and rules. The most current inspection form is available at:

<http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/inspection-forms.html>

Inspectors will provide a copy of the completed inspection form to the applicant. The form must be displayed in a conspicuous location within the facility along with a copy of Rule 64B8-51.006, F.A.C.

Facilities that meet all requirements and pass the inspection will be issued a license. Facilities which fail to meet requirements in an inspection will be denied licensure in writing listing the specific requirement(s) not met. No applicant denied licensure will be precluded from reapplying for licensure.

Practicing without a License

Practicing in or allowing the practice of electrolysis in an unlicensed facility is punishable by a fine from \$250.00 to \$5,000.00 and other disciplinary penalties up to denial of licensure of the facility. The electrologist as well as the facility owner may be fined and/or disciplined by the Board of Medicine.

Renewal

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 licensure after a license becomes null and void, the owner must completely re-apply and be inspected before the license can be issued and practice at the facility can begin.

Electrology Facility Safety and Sanitary Requirements Checklist

Compliance with these requirements will be verified by Department of Health inspectors prior to initial licensure. 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 the requirements outlined below.

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 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 closed container 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 must 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 must be cleaned prior to use on each client and stored in a closed container or compartment. Used cloths must 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 the 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, as defined in Rule 64E-16, F.A.C., effective December 2, 2015, which is hereby incorporated by reference and can be obtained at <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64-16>;

Covered containers for needles/probes and forceps/tweezers which containers are capable of being cleaned and sterilized;

A sterilizer which must 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" must not be used for instrument sterilization; and

Quarterly records of sterilizer biological tests monitoring (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:

For licensed electrologists who completed a council-approved needle-type epilation training program, the following qualifying information pursuant to Rule 64B8-56.002, F.A.C.:

- Proof of certification of 30 hours of continuing education in laser and light-based hair removal and reduction from a provider approved pursuant to Rule 64B8-52.004, F.A.C. A listing of approved providers may be found by using the “Course Search” function for Florida Electrologists at www.cebroker.com; and
- Proof of having passed the Society of Clinical and Medical Hair Removal test for certification as a Certified Medical Electrologist.

For licensed electrologists who completed a council-approved combined needle-type epilation, laser and light-based hair removal training program, the following qualifying information pursuant to Rule 64B8-56.002, F.A.C.:

- Proof of completion from a combined training program; and
- Proof of having passed the epilator, laser, and light-based combined exam.

For devices required to be registered, proof of registration for each laser or light-based device in use at the facility as required by s. 501.122, Florida Statutes;

Written designation of laser safety officer;

A room or rooms specifically designated for use of the laser or light-based equipment where all use of such equipment must 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 must 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 Rule 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 an inspection. See Rule 64B8-51.006(4), F.A.C., for more information.

Compliance with these requirements will be verified by Department of Health inspectors prior to initial licensure. 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 the requirements outlined below.

The following documents must 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(s).
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 must be maintained and kept on the electrology facility premise which lists the names of each person who has received electrolysis treatment. The appointment book must be maintained for four years. The appointment book may be electronic record.

Important: Once a facility has been issued a license under one modality (epilator or laser-light based), to add or switch modality of hair removal services being provided, the **“Application for Inspection for Adding or Switching to a New Electrology Modality”** (Form DH-MQA 5008-10/2020) must be submitted.

The facility must pass an inspection prior to implementing the new modality.