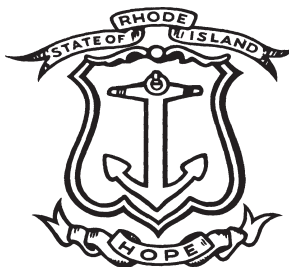


FOR OFFICE USE ONLY

Cosmetology Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Transcript
- Lic. Verification from other States
- RI Apprentice Training
- Results of National Exam



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Examiners for Electrolysis**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As An***

Electrologist

Endorsement **Examination**

FOR OFFICE USE ONLY

License # _____
Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$25.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Official transcript from an accredited school of Electrology or Verification of RI apprenticeship.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. The verification from the board of original licensure must include that you have passed a written exam (i.e., NIC exam or state board exam (Interstate Verification Form included in this application can be used for that purpose)
- If you hold a current and active license in another state please provide a copy of that out-of-state license.
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island Board of Electrology

Application for License as an Electrologist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / /

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Home Phone

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Business Phone

 -

Extension

 -

Business Fax

7. Preferred Mailing Address
Please check ONE

Please use my **Home Address** as my preferred mailing address

Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (High School, University, College, Trade/Technical School etc.)

Name of School

Date Graduated:
Month Year

Name of School of Cosmetology

Date Graduated:
Month Year Total Number of Classroom Hours

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? Yes No

If the answer to this question is “**yes**”, list the original state of licensure, license number, and, if applicable, enter all other state abbreviation(s) of licenses in Question 10 (below). Send “Interstate Verification Form” (page 7) to each state in which you are, or ever have been, licensed:

Original Licensure

State License Number

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

State/Country: _____ Active Inactive

State/Country: _____ Active Inactive

State/Country: _____ Active Inactive

State/Country: _____ Active Inactive

DOCUMENTATION NEEDED: YOU must send an “Interstate Verification Form” to each state in which you are, or ever have been, licensed (Make copies as needed)

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month Year

Month Year

Month Year

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer “Yes” to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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 a Hairdresser/ Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hairdressing & Barbering of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Examiners for Electrolysis

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

ELECTROLYSIS STUDENT TRAINING IN RHODE ISLAND

AFFIDAVIT

This is to certify that, _____, has successfully completed a student training program in electrolysis consisting of _____ hours of study and practice in the theory and practical application of electrolysis in Rhode Island.

FROM _____ TO _____
Month/Day/Year Month/Day/Year

This student training program was served under my supervision.

RI INSTRUCTOR'S LICENSE NUMBER: _____

RI INSTRUCTOR'S NAME: _____

Please Print

AFFIDAVIT

The following acknowledgement must be sworn to before a Notary Public or a Justice of the Peace.

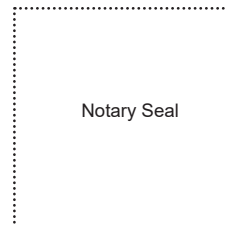
STATE OF _____ County of _____ City/Town _____.

In said County, on the _____ day of _____ A.D. 20_____, personally appeared before me, _____ Who, after signing the foregoing application in my presence, made oath that the facts stated in said affidavit are true.

Signature of Instructor

Name of Notary (Print, Type or Stamp)

Signature of Notary



Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



Rhode Island Board of Examiners for Electrolysis

Substitute forms are not acceptable - Copy this form as needed.

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - ORIGINAL AND ALL OTHER STATES OF LICENSURE

I am applying for a license to practice as an Electrologist in the State of Rhode Island. The Rhode Island Board of Examiners in Electrolysis requires that the following form be completed by the jurisdiction in which I obtained my original license and all other states of licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Hairdressing & Barbering at the above address.

_____	_____	_____
Print/Type Full Name	Signature	Date
_____	_____	_____
Previous Names Used	Social Security Number	Date of Birth
_____	_____	
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE COSMETOLOGY BOARD

Electrology Program Completed:		Graduation Date:	
Location:		Number of Hours Completed:	
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed a Written Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No		
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:	

Questions:

1. Does the applicant have a high school diploma or GED? Yes No
2. Has this licensee ever been investigated by your Board? Yes No
3. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
4. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
5. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 2-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

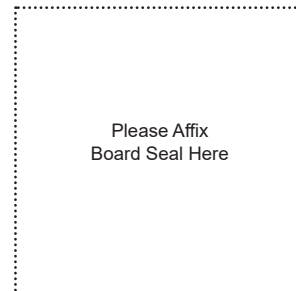
Certification:

_____	_____
Signature	Date

Type or Print Name	

Title	

Full Name of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.