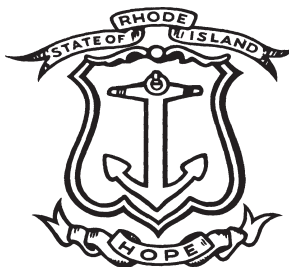


FOR OFFICE USE ONLY

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, please complete the Military Expedition Form at the end of this application packet.

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 <u>ONE</u> | <input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> 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. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Type of School (High School, University, College, Trade/Technical School etc.)</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="padding: 5px;">Date Graduated: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: 8px;"> Month Year </div> </td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Name of School of Cosmetology</td> </tr> <tr> <td style="padding: 5px;">Date Graduated: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: 8px;"> Month Year Total Number of Classroom Hours </div> </td> </tr> </table> | | Type of School (High School, University, College, Trade/Technical School etc.) | | Name of School | Date Graduated: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: 8px;"> Month Year </div> | | Name of School of Cosmetology | Date Graduated: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: 8px;"> Month Year Total Number of Classroom Hours </div> |
| | | | | | | | | | |
| Type of School (High School, University, College, Trade/Technical School etc.) | | | | | | | | | |
| | | | | | | | | | |
| Name of School | | | | | | | | | |
| Date Graduated: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: 8px;"> Month Year </div> | | | | | | | | | |
| | | | | | | | | | |
| Name of School of Cosmetology | | | | | | | | | |
| Date Graduated: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> / <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></table> <div style="display: flex; justify-content: space-around; font-size: 8px;"> Month Year Total Number of Classroom Hours </div> | | | | | | | | | |

| | | | | | |
|---|--|--|--|-------|----------------|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <p align="center">Original Licensure</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">State</td> <td style="font-size: 8px; text-align: center;">License Number</td> </tr> </table> | | | State | License Number |
| | | | | | |
| State | License Number | | | | |

| | | | | | | | | | |
|--|---|----------------------|----------------------|---|---|---|---|---|---|
| 10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">State/Country: _____</td> <td style="width: 50%;">State/Country: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td style="text-align: center;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td style="text-align: center;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td style="text-align: center;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> </table> <p>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)</p> | State/Country: _____ | State/Country: _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
| State/Country: _____ | State/Country: _____ | | | | | | | | |
| <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | | | | | | | | |
| <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | | | | | | | | |
| <input type="checkbox"/> Active <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | | | | | | | | |

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|---|--|------|-------|------|--|--|--|--|--|--|--|--|--|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border: 1px solid black; width: 15%; text-align: center; font-size: 8px;">Month</td> <td style="border: 1px solid black; width: 15%; text-align: center; font-size: 8px;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center; font-size: 8px;"> </td> <td style="border: 1px solid black; text-align: center; font-size: 8px;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center; font-size: 8px;"> </td> <td style="border: 1px solid black; text-align: center; font-size: 8px;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center; font-size: 8px;"> </td> <td style="border: 1px solid black; text-align: center; font-size: 8px;"> </td> </tr> </table> | | Month | Year | | | | | | | | | |
| | Month | Year | | | | | | | | | | | |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="border-top: 1px dashed black;"/> 2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

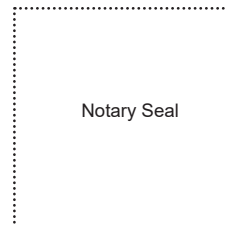
STATE OF _____ County of _____ City/Town _____.

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

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

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

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: | |

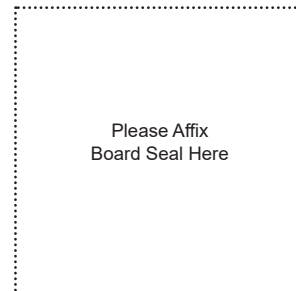
Questions:

- Does the applicant have a high school diploma or GED? Yes No
- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- 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.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.