

- Application
- Birth Certificate
- High School Verif.
- Photo

**\*\*FOR OFFICE USE ONLY\*\***

**Receipt #** \_\_\_\_\_

**ID #** \_\_\_\_\_

**Issue Date** \_\_\_\_\_

**Apprentice Lic.# ELA** \_\_\_\_\_

**Rhode Island  
Center for Professional Licensing  
Room 104  
3 Capitol Hill  
Providence, RI 02908-5097**

*Instructions and  
License Application for:*

# **ELECTROLOGY APPRENTICE**

*Applicant - Print Name (First/MI/Last)*

**Phone: (401) 222-2828 Fax: (401) 222-1272 TTY/TDD: (800) 745-5555**

**APPRENTICE ELECTROLOGIST**

I HEREBY make application to the Center for Professional Licensing to be registered as an apprentice electrologist in accordance with the provisions of Section 5-32-4 of the General Laws as amended.

**NAME** \_\_\_\_\_  
                    **First**                            **Middle**                            **Last**                            **Maiden**

**ADDRESS** \_\_\_\_\_  
                    **Street**                            **City/Town**                            **State**                            **Zip Code**

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **SS#** \_\_\_\_\_

"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."

**High School Graduation/GED Date Earned:** \_\_\_\_\_

**High School** \_\_\_\_\_  
                    **Name**                            **Street**                            **City/Town**                            **State/Zip**

**INSTRUCTOR'S STATEMENT**

**INSTRUCTOR'S NAME** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_  
                                    **First**                    **Middle**                    **Last**

**INSTRUCTOR'S ADDRESS** \_\_\_\_\_  
                    **Street**                    **City/Town**                    **State/Zip**

**AFFIDAVIT**

**State of Rhode Island, County of** \_\_\_\_\_ **in** \_\_\_\_\_ **in**  
**said county on this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_, **personally appeared before me**

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Notary Public*  
*My Commission Expires:* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Instructor*

**SEAL**

## **Completing your Application:**

Complete all pages of the application. Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health  
3 Capitol Hill, Room 104  
Providence RI, 02908-5097**

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing. Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact this office at (401) 222-2828.

## **General Instructions**

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ballpoint pen. Staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. It is your responsibility to check on the status of your application.
6. If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

## **General Information**

### **Complete and submit application along with the following:**

1. Completed application signed & notarized (must be signed by, both, the Applicant and Instructor)
2. Verification of High School Graduation or GED equivalency
3. Certified copy of birth certificate
4. Passport size photograph



## 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.*