



## ***North Carolina Board of Electrolysis Examiners***

2 Centerview Drive, Pinehurst Building, Suite 60  
Greensboro, North Carolina 27407

Office: 336-856-1010 | Email: [ncbeexam@att.net](mailto:ncbeexam@att.net) | [www.ncbee.com](http://www.ncbee.com)

### ***Application for Electrologist License***

Dear Applicant,

Thank you for your request for an application for licensure as an Electrologist. This packet contains relevant information about how to obtain a license in North Carolina.

The requirements for application are pursuant to the statutes, rules, and regulations set forth by the NC General Assembly and the NC Board of Electrolysis Examiners (NCBEE). Please read the rules and instructions prior to applying.

It is the applicant's responsibility to inform the NCBEE of name and/or address changes. Please submit such changes in writing to the address listed above or via email.

Every effort will be taken to process your application in a timely manner. If you have any questions please contact the NCBEE at the information listed above. We look forward to licensing you in North Carolina.

#### **Requirements for Application for Licensure (21 NCAC 19 .0202)**

*This is not a comprehensive listing of the rules related to application. Please refer to the rules as noted above.*

- All applicants must be 21 years of age
- All documents requested in the Application Check List must accompany this application unless otherwise noted as applicable.
- An incomplete or partial application packet will be rejected by the NCBEE.
- All new electrologist applicants must take and pass both a written and a practical examination except for applicants meeting the requirements of G.S. 88A-11(2).

## Application Check List

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- √ Certified copy of birth certificate or other legal proof of age
- √ Copy of proof of completion of high school or attainment of equivalent education
- √ Passport acceptable photograph taken within the last two (2) years
- √ Copy of certification of completion from each electrology institution attended and/or verification of the number of hours completed in theory and clinical training
- √ Copy of last valid NC license, if applicable (see Section 2)
- √ Copy of valid out-of-state license, if applicable (see Section 2)
- √ Check or money order for **non-refundable** application fee in the amount of **\$125.00** made payable to: **North Carolina Board of Electrolysis Examiners.**

## Fees (as defined by 21 NCAC 19 .0201)

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Application for licensure as an Electrologist	\$125.00
Inspection Fee	\$100.00
Examination or Reexamination	\$125.00

## Instructions for Completing PDF form

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- The application is an interactive PDF. This means you can click directly onto a field and enter the required information. If you hover over the field with your cursor, a detail of the required information will be displayed.
- Please enter all information and SAVE the PDF file to your computer. There are two options for submitting the form:
  - print the saved document, notarize, and send a scanned copy to the NCBEE email : [ncbeexam@att.net](mailto:ncbeexam@att.net)
  - or, print the saved document, notarize, and mail to the NCBEE at:  
2 Centerview Drive, Pinehurst Building, Suite 60  
Greensboro, North Carolina 27407
- Please note you may need to install the latest version of Adobe Reader XI® to save your completed application in PDF format. Free download click: [Adobe Reader XI Link](#)



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**Application for Electrologist License**

Date: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female Male

Social Security #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**SECTION 1 - Electrology Business Information**

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

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

City/State/Zip: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Describe Business location: \_\_\_\_\_

Website: \_\_\_\_\_

Business Type: Self-Employed Employee

**SECTION 2 – Practice History**

**1. Have you ever practiced Electrology in North Carolina?** Yes      No

*If yes, number of years practiced and date of last valid license. Please provide a copy of the last valid license, if possible.*

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**2. Have you ever practiced Electrology in another state?** Yes      No

*If yes, provide the following information for each state:*

STATE	LICENSE #	# YEARS PRACTICED	LICENSE EXPIRE DATE*

*\*If license is current, provide a copy of license with this application*

**3. Do you now hold a valid Electrologist license in another state(s)?** Yes      No

*If yes, provide the following information for each state:*

STATE	LICENSE #	# YEARS PRACTICED	LICENSE EXPIRE DATE*

*\*If license is current, provide a copy of license with this application*

**4. Have you ever been denied a license to practice Electrology in North Carolina or another state?** Yes      No

*If yes, provide state, year, and reason for denial.*

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**5. Has your license in North Carolina or any state ever been suspended or revoked?** Yes      No

*If yes, please provide details.*

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**6. Have you ever been convicted of a felony or sentenced to more than 30 days in jail for a lesser offense?** Yes      No

*If yes, please provide details.*

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## SECTION 3 – Education and Training

*Note: Add additional pages with the same information for each institution attended.*

**Academic Institution:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_ **Total Hours Earned:** \_\_\_\_\_

**Diploma/Degree/Certification Number:** \_\_\_\_\_

**Academic Institution:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_ **Total Hours Earned:** \_\_\_\_\_

**Diploma/Degree/Certification Number:** \_\_\_\_\_

**LIST NUMBER OF HOURS IN EACH STUDY PROTOCOL:**

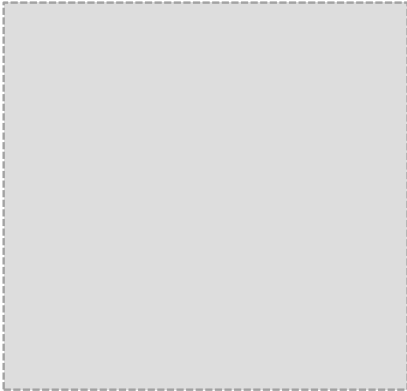
*Provide copy of certification of completion from each Electrology institution and/or verification of the number of hours completed in theory and clinical training.*

STUDY TOPIC	# HOURS CLINICAL	# HOURS INSTRUCTION	TOTAL HOURS

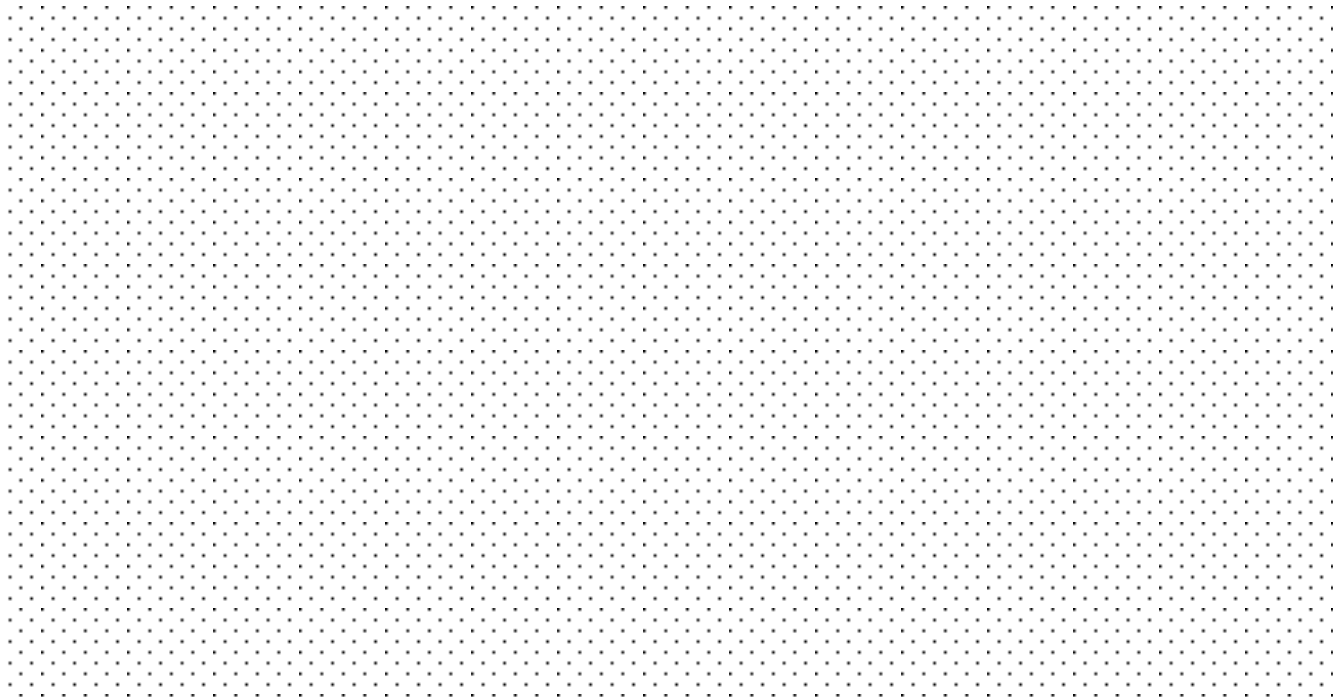
CONTINUED FROM PREVIOUS PAGE...

<i>STUDY TOPIC</i>	<i># HOURS CLINICAL</i>	<i># HOURS INSTRUCTION</i>	<i>TOTAL HOURS</i>

**SECTION 4 - Photo**



21 NCAC 19.0202 (a) All applicants for licensure as an electrologist shall submit an application on the form provided by the Board, accompanied by proof of being 21 years of age, a passport acceptable photograph taken within the past two years.



## SECTION 5 – Verification of Applicant Information

I hereby certify under oath that I am the person named in this application for a license to practice electrology in the State of North Carolina; that all statements I have or shall make with respect thereto are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished to this Board with respect to my application; and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every respect.

I acknowledge that I have read the general information and instructions for all applicants and that I have answered all questions in compliance with these instructions and understand that the fee I submitted is neither refundable nor transferable.

I further state that by filing this application for a license to practice electrology in the State of North Carolina, I hereby authorize and consent to have an investigation made as to professional reputation and fitness for the practice of electrology. I agree to give any further information, which may be required in reference to my past record.

I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

I further understand that my application for a license to practice electrology in the State of North Carolina is an ongoing process. I will immediately notify the North Carolina Board of Electrolysis Examiners in writing of any changes to the answers to any of the questions contained in the application information section of the application if such a change in an answer is warranted at any time prior to licensure being granted to me by the North Carolina Board of Electrology Examiners. I further understand that failure to complete this application as requested by the Board *within six months* can be considered abandonment of any request for licensure and that any fee I submitted is neither refundable nor transferable.

I authorize and request every person, governmental agency (local, state, federal), court, association, institution, or law enforcement agency having control of any documents, records and other information pertaining to me to furnish to the North Carolina Board of Electrolysis Examiners any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the North Carolina Board of Electrolysis Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent licensure or practice there under.

I hereby release, discharge, and exonerate the North Carolina Board of Electrolysis Examiners, its agents or representatives and any person, hospital, clinic, governmental agency (local, state, federal), court, association, institution, or law enforcement agency furnishing information, of any and all liability of every nature and kind arising out of investigation made by the North Carolina Board of Electrolysis Examiners.

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*Electrology Applicant Initials*

CONTINUED FROM PREVIOUS PAGE...

I understand that the North Carolina Board of Electrolysis Examiners may release information (material, documents, orders or the like) relating to my credentials or application for licensure to a governmental or medical board agency (local, state, or federal), as relates to a planned or ongoing investigation into patient care or scope of practice issues.

I further understand that the issuance of a certificate in North Carolina will be considered on the truth of the statements and documents contained herein or to be furnished, which if false, can subject me to denial of said certificate.

I hereby make application to the North Carolina Board of Electrolysis Examiners for examination for license to practice Electrology in the State of North Carolina. I do swear/affirm that the statements made on this application, and attached copies are true and pertaining to the practice of Electrology, and fully understand that in receiving a license from the North Carolina Board of Electrology Examiners (NCBEE) in the State of North Carolina do pledge to conduct my practice in accordance with the Rules and Regulations as per 21 NCAC Chapter 19 as adopted of the profession.

\_\_\_\_\_  
*Signature of Applicant in presence of Notary Public*

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

STATE OF NORTH CAROLINA

\_\_\_\_\_ County  
I, \_\_\_\_\_ Notary Public

for said County and State, do hereby certify that

*(Official Seal)*

\_\_\_\_\_ personally  
appeared before me this day and acknowledged the due execution  
of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_



APPLICATION FOR ELECTROLOGIST LICENSE

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

To obtain a copy of the N.C.G.S § 88-A Electrolysis Practice Act and 21 NCAC Chapter 19 rules refer to the North Carolina Board of Electrolysis Examiners (NCBEE) at [www.ncbee.com](http://www.ncbee.com)

**ATTACH ALL DOCUMENTS AS PROOF TO THIS APPLICATION**

<b>(For Board Use Only)</b>	
License #	_____
License Date:	_____
Examination Date:	_____
File #	_____

	Fee Received
	Birth Certificate/ Proof of Age
	High School/Equivalent
	Photo
	Certification of Electrology Training