

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
Advisory Board of Electrologists
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-1452



APPLICATION FOR STATE OF NEW HAMPSHIRE LICENSE TO PRACTICE ELECTROLOGY

Application is for:

- Initial License
- License by Reciprocity

Applicant Information:

Name (first, middle, last): _____

Date of birth (MM/DD/YYYY): _____ Social Security Number*: _____ - _____ - _____

* The OPLC is required by law to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support. (RSA 161-B:11, VI-a; 42 USC 666(a)(13))

Home mailing address: _____

Home/Personal Telephone Number including area code: _____

Personal email address: _____

Educational Information:

Name of Electrology School: _____

Address of Electrology School: _____

Dates Attended: from _____ to _____ Total # Hours of Instruction Received: _____

Electrology License Information:

Approximate date applicant wishes to begin practice in New Hampshire (if known): _____

Current or Past Licenses* Held in Other States:

Jurisdiction	License Number	# years licensed	Status			
			Denied	Active	Suspended	Revoked

* "License" includes certificates, registrations, and any other form of approval required to practice Electrology

Electrology Office Information:

Name of Office: _____

Office Physical Address: _____

Office Telephone Number including area code: _____

Office Website URL (if any): _____ Office email (if any): _____

Required Attachments:

- Electrology school transcripts showing completion of not less than 1,100 hours of instruction and training.
- At least two affidavits of professional character in the provided format from a professional associates or electrology school faculty members, if the applicant graduated less than one year prior to the time of application.
- If applicant previously held a license in New Hampshire that was revoked, the plan of correction required by Plc 706.02(d).

Fees:

Application \$155

If fees are to be paid by check or money order the check or money order should be made payable to “Treasurer, State of New Hampshire.” ~~Fees may be paid in one sum.~~ If this application is for licensure by reciprocity the applicant must also enclose with this application a copy of the license(s) currently held, a certified copy of curriculum of the electrology school attended, and a signed authorization to release information.

By my signature, I attest full compliance with RSA 314 and all corresponding New Hampshire rules and that the information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief. I understand that knowingly providing information that is false or misleading may be grounds for denial, suspension, or revocation of a license.

Applicant’s Signature: _____

Date Signed: _____

AFFIDAVIT OF PROFESSIONAL CHARACTER

In regard to: _____

I have been professionally or academically associated with _____
for the last _____ years. From my observations of _____
I believe that _____ is of good professional character and would merit the confidence
of any client. I recommend _____
to the State of New Hampshire Office of Professional Licensure and Certification for a license to practice electrology.

Signature: _____

Printed Name: _____

Date Signed: _____

For Licensure by Reciprocity Only

**Office of Professional Licensing and Certification
Advisory Board of Electrologists
7 Eagle Square
Concord, N.H. 03301
(603) 271-1452**

(Instructions to Applicant: Complete this form and mail it along with the attached Verification of Good Standing form to the state in which you are currently licensed.)

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request the State of _____ to release to the State of New Hampshire, Office of Professional Licensure and Certification, information relative to the Electrology License/Registration/Certificate I have, or had been, issued by the State of ___.

Any information, including any complaints filed against, the results of any complaint investigation, my compliance with the state's requirements for electrologists, and any administrative action taken my license and the outcome of that action may be related to the State of New Hampshire so that the State of New Hampshire can verify that my license is or was in good standing.

Signature of Licensee: _____

Printed Name: _____

Date Signed: _____

Verification of Good Standing for: _____

(Name of Applicant)

Instructions to State Agency completing form:

The above named individual is applying for a license to practice electrology in the State of New Hampshire. As part of the application process the individual must sign a release of information form so that each State in which s/he is or was licensed as an electrologist can complete this form. Since this form is required before a license can be issued please complete this form and forward it to the State of New Hampshire, Office of Professional Licensure and Certification (address listed below) as soon as possible.

Pursuant to New Hampshire Administrative Rule the individual must have, or must have had, a license to practice electrology that is or was in good standing. Good standing means an electrologist has had no deficiencies for which an acceptable plan of correction has not been received by the licensing authority and that no administrative action, such as the imposition of a fine, denial of application, suspension or revocation of license is pending or completed.

Name of Jurisdiction/State: _____

Licensee: _____

License Number: _____ Date Issued: _____ License Expiration Date: _____

Individual was licensed through:

Application and Examination

Application and Reciprocity

Has the individual specified above maintained compliance with your State's requirements for electrologists:

Yes

No, if No Please Specify and attach supporting documentation:

Has the individual specified above ever had any administrative action taken on his/her license to practice electrology:

Yes. If so, please specify and attach supporting documentation:

No

Signature of Authorized Person: _____

Printed Name: _____ Title: _____

Mailing Address: _____

Telephone Number: _____

Date Signed: _____

Send to:

Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301