

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
121 SOUTH FRUIT STREET, SUITE 303
CONCORD, NEW HAMPSHIRE 03301
(603) 271-3608

APPLICATION FOR STATE OF NEW HAMPSHIRE TO PRACTICE ELECTROLOGY

Application type:

_____ New
_____ License by Reciprocity (Note: Applications by reciprocity will not be processed until this office has received Verification of Good Standing for the state in which you are currently licensed. Use the attached forms)

General Information:

Name: _____

Address: _____

Home Telephone Number: _____ Business Telephone Number: _____

Educational Information:

Name of Electrology School : _____

Address of Electrology School: _____

Dates Attended: _____ Hours of Instruction Received: _____

Notarized copies of applicant's High School and Electrology School diplomas must be attached to application.

Electrology License Information:

Name of each state where the applicant is currently licensed: _____

Specify number of years practiced in each state: _____

Licensing History: Has the applicant ever had a license to practice electrology:

Denied: _____ Revoked: _____ Suspended: _____

If so, where: _____

Electrology Office Information:

Name of Office: _____

Office Address: _____

Office Telephone Number: _____ Office Hours: _____ Days of Operation _____

Application Additions:

At least two affidavits of professional character from a professional associate or electrology school faculty members must be attached with this application.

A passport or portrait photograph must be included with this application.

Application Fee: \$110.00

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.

Applications for licensure by reciprocity do not need to include an examination fee.

The OPLC is required by law to ask for your social security number. The number will be held confidential and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B-1 1)

Social Security Number: _____ -- _____ -- _____

Applicant's Signature: _____

Date Signed: _____

Affix photo below:

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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's Office of Professional Licensure and Certification for a license
to practice electrology.

Signature: _____

Printed Name: _____

Date Signed: _____

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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's Office of Professional Licensure and Certification for a license
to practice electrology.

Signature: _____

Printed Name: _____

Date Signed: _____

For Licensure by Reciprocity Only

(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 me, the results of any complaint investigation, my compliance with the state's requirements for electrologists, and any administrative action taken 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: _____

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Verification of Good Standing for _____
(Name of Applicant)

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 above) 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 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 Yes Please Specify and _____ No
attach supporting documentation.

Signature of Authorized Person: _____

Printed Name: _____

Mailing Address: _____

Telephone Number: _____ Date Signed: _____

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above