



Course: \_\_\_\_\_

Location: \_\_\_\_\_

Name, Address & Phone of Sponsor: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Hours Granted: \_\_\_\_\_

Course: \_\_\_\_\_

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Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Hours Granted: \_\_\_\_\_

Please list any out of state license numbers you have \_\_\_\_\_

Have you had any disciplinary action in any other state against your license or registration? Please circle one: **YES** or **NO**

If **YES**, please enclose discipline information.

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

**\*Please ensure you submit copies of your biological indicator tests and continuing education certificates or your renewal will be returned to you. An electrologist who has allowed his or her license to lapse shall not practice electrology until he or she has obtained a license in accordance with RSA 314.**