

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
**DIVISION OF HEALTH PROFESSIONS**  
**Advisory Board of Electrologists**  
7 Eagle Square  
Concord, N.H. 03301  
Telephone 603-271-1452 · Fax 603-271-3950



**APPLICATION FOR STATE OF NEW HAMPSHIRE LICENSE 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 from the state in which you are currently licensed - Use 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 applicants High School Diploma and Electrology School Diploma must be attached to application.

**Electrology License Information:**

Approximate date applicant wishes to begin practice in New Hampshire: \_\_\_\_\_

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 \_\_\_\_\_

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**Application Additional:**

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.

Fees:

Application                      \$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 Department of Health and Human Services is required by law to ask for your social security number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support.  
(42 USC 666(a)(13); RSA 161-B:11)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

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

Affix Photograph Here



**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 Department of Health and Human Services for a license to practice electrology.

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

Printed Name: \_\_\_\_\_

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's Department of Health and Human Services for a license to practice electrology.

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

Printed Name: \_\_\_\_\_

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

**For Licensure by Reciprocity Only**

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*(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, Department of Health and Human Services, 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: \_\_\_\_\_

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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, Department of Health and Human Services (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 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: \_\_\_\_\_