



ELECTROLOGY PRACTICE COMMITTEE

4140 Patterson Avenue, Baltimore, MD 21215

Phone: (410) 585-1954

Fax: (410) 358-3530

APPLICATION FOR ELECTROLOGY CEU COURSE APPROVAL

PRINT - Black Ink Only INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

License Number: _____

Last Name: _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Course Registration Contact Information: (For questions about this course)

Contact Person's Name: _____ Phone: _____

Address: _____

Course Information:

1. Course Title: _____

2. Course Curriculum Vitae and Objectives: _____
(Attach separate sheet if needed)

3. Number of CEU-clock hours: _____ Course Date: _____

4. Course Location: _____

5. Course Sponsored by: _____

6. Course Instructor and Qualifications: _____
(Attach separate sheet if needed)

Mail to the Board of Nursing EPC Committee at least two (2) months prior to the date of the event.

Requirement for License Renewal: A certificate for attending the course listed above must have your name, date, number of CEU-hours, and signature of the instructor/sponsor to be valid proof of attendance.

ELECTROLOGY CEU TOPICS WORKSHEET

1. Anatomy and Physiology of the Skin
2. Anatomy and Physiology of the Hair
3. Bacteriology
4. Sanitation, Disinfection, and Sterilization
5. Dermatology
6. Neurology
7. Cardiovascular System
8. Endocrine System – (emphasis on adrenal glands and ovaries)
9. Hirsutism - (causes, testing, treatment)
10. Alternative Methods of Hair Removal
11. Contraindications for Electrolysis Treatment
12. Patient Case History and Record Keeping
13. Professional Ethics
14. Consultations
15. Electrolysis, Thermolysis, Blend
16. Electricity
17. Probe Types and Performance
18. Interpretation of Hair Growth Patterns and Regrowth
19. Draping, Positioning, Lighting
20. Post Treatment and Patient Home Care
21. Insertions and Epilations
22. Normal and Abnormal Healing of Skin
23. Maryland State Law for Electrology
24. Business Management, Advertising, Financial, Office Operation
25. Alternative Therapies - Related to Clinical Electrology
26. CPR
27. First Aid

Board Use Only:

Date Application Received: _____

Date Reviewed by EPC: _____

Date Reviewed by BON: _____

Circle: **APPROVED** **UNAPPROVED**