



ELECTROLOGY PRACTICE COMMITTEE
APPLICATION FOR ELECTROLOGY LICENSURE

Updated May 2016

Please type directly into this form, then print out and sign and affix your photo.

Last Name: _____ First _____ MI _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____ Gender: Male Female

Date of Birth: _____ Social Security Number: _____
(MM/DD/YYYY)

*Ethnicity: Are you Hispanic or Latino origin?: YES NO Decline to Answer

*Race: Multiracial respondents may select all applicable racial categories below:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaii Native or Other Pacific Islander
- White / Caucasian
- Decline to Answer

*Authorization: MD Code, State Government, § 10-606 (c)

SECTION I

EDUCATION

(Additional information may be submitted on separate sheet, if needed)

High School: _____ Year Graduated: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

College: _____ Year Graduated: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Electrology School: _____ Year Graduated: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Number of hours for: Theory: _____ Clinical: _____ Dates of Attendance: _____

Name(s) of Principle Instructor(s): _____

SECTION II

YES NO 1. Are you applying for an initial license by exam? If you answer YES to this question, you do not need to answer questions 2 - 5 below.

YES NO 2. Have you practiced electrology in Maryland? License #: _____
Provide location(s) and dates worked: _____

YES NO 3. If you answered YES to question 2, do you want to reactivate your Maryland license?

YES NO 4. Have you practiced electrology in another state? State: _____ License # _____
Attach a photocopy of each license held, or other verification for each license held.
Provide location(s) and dates worked: _____

- YES NO 5. If you are licensed in another State, do you want to pursue a Maryland license by waiver?
If yes, an applicant who is licensed in another state shall submit to the Board:
- (a) Verification of the license;
 - (b) Evidence of successful examination in another state that was substantially equivalent to the examinations given in this State;
 - (c) A certificate of completion from each electrology instruction program attended that was substantially equivalent to the program requirements in this State, with verification of the number of hours completed in each theory and clinical training; and
 - (d) Written, verified evidence that the applicant has completed an application for a criminal history records check by submitting the following:
 - (1) Two sets of fingerprints, as required by the Central Repository and the FBI; and
 - (2) All fees required by the Central Repository and the FBI.

SECTION III

Please answer YES or NO to all questions. If you answer YES to any questions, attach an explanation of each occurrence to the application and include appropriate court documents. A YES answer will not automatically bar you from licensure, but a false answer could result in disciplinary action.

- YES NO Has any licensing board of any jurisdiction, including Maryland, denied your application for licensure, renewal, reinstatement, or taken any action against your license, including but not limited to reprimand, suspension, revocation, or fine?
- YES NO Have you ever pleaded guilty to, or been convicted of a misdemeanor or a felony, or received a probation before judgment for any criminal act, excluding minor traffic violations, but including DWI or DUI?
- YES NO Have you surrendered or allowed your license to lapse in any jurisdiction?

SECTION IV

Affix a recent passport-size photo inside this box and include the date it was taken.



Date of Photo

I hereby make application to the Maryland Board of Nursing for licensure as an Electrologist. I understand that I may not practice as an Electrologist in Maryland until I have passed all examinations and receive permission to practice with a license. I affirm under penalty of perjury that the answers to the questions contained in this application are true to the best of my knowledge, information and belief. I will notify the Board of any changes to the answers of any questions in this application that happen while the application is pending. I understand that as an Electrologist, I will be subject to the rules and regulations that apply to the profession (Health Occ. §8-6B-01 *et. seq.* and COMAR 10.53.01 *et. seq.*

Applicant Signature

Date

INSTRUCTIONS

APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING CHECKLIST ITEMS:

- _____ 1. Copy of birth certificate or other legal proof of age such as passport or drivers license.
- _____ 2. Copy of high school diploma or GED.
- _____ 3. Copy of certificate of each electrology institution attended.
- _____ 4. Verification of 600-hour Electrology School Program, 200 Theory / 400 Clinical.
- _____ 5. Copy of each prior electrology license, if applicable.
- _____ 6. Copy of any and all documentation indicating successful examination in another state, if applicable.
- _____ 7. Check or money order for \$200.00, made payable to the Maryland Board of Nursing for the Electrology License Application Fee and the Clinical Examination Fee.
- _____ 8. Recent passport-size photo affixed to this application.
- _____ 9. Tracking number from fingerprint receipt or fingerprint card.

<p><u>FOR MBON OFFICIAL USE ONLY:</u></p> <p>Date Received: _____</p> <p>Fees Enclosed: \$ _____</p> <p>Check / Money Order: # _____</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">LICENSE #</p> </div> <p><u>EXAM SCHEDULE</u></p> <p>Written Exam Date: _____</p> <p>Clinical Exam Date: _____</p> <p>Documents Acceptable: ___ YES ___ NO</p> <p>Staff Signature & Date: _____</p>
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