DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PROFESSIONAL LICENSING
121 SOUTH FRUIT STREET
CONCORD, NEW HAMPSHIRE 03301
(603) 271-9254

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 _____

Department of Health and Human Services
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Application Additionals:

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.

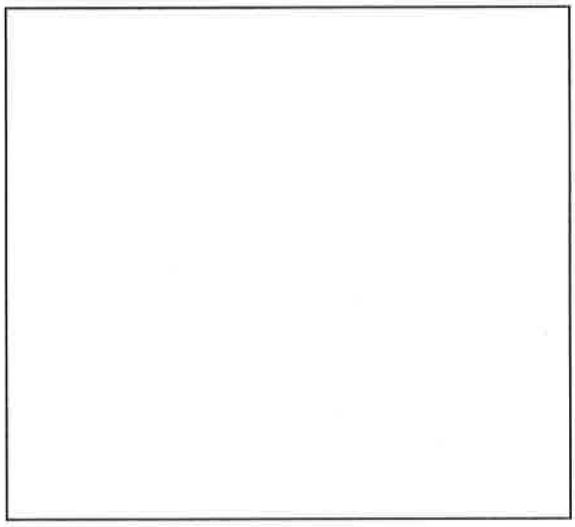
The Department of Health and Human Services is required by law to ask for your social security number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support.
(42 USC 666(a)(13); RSA 161-B:11)

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

Department of Health and Human Services
Office of Professional Licensing
121 South Fruit Street
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(603) 271-9254

(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 maybe 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: _____