

- Application & Fee
- Birth Certificate
- Transcript
- Apprentice Training
- High School Verif.
- Photo
- Exam Results
- License Verif
- SS Addendum

**\*\*FOR OFFICE USE ONLY\*\***

\_\_\_\_\_  
**Receipt #**

\_\_\_\_\_  
**ID #**

\_\_\_\_\_  
**Issue Date**

\_\_\_\_\_  
**License #**

**Rhode Island  
Board of Examiners in Electrology  
Room 104  
3 Capitol Hill  
Providence, RI 02908-5097**

*Instructions and  
License Application for:*

**ELECTROLOGIST**

- EXAMINATION**
  
- ENDORSEMENT**

*Applicant - Print Name (First/MI/Last)*

**Phone: (401) 222-2828 Fax: (401) 222-1272 TTY/TDD: (800) 745-5555**



**STATE OF RHODE ISLAND & PROVIDENCE  
PLANTATIONS**

**Department of Health  
Office of Health Professions Regulation  
3 CAPITOL HILL, ROOM 104  
PROVIDENCE, RI 02908**

**A F F I D A V I T**

**ELECTROLYSIS STUDENT TRAINING**

This is to certify that \_\_\_\_\_ has successfully completed a student training program in electrolysis consisting of \_\_\_\_\_ hours of study and practice in the theory and practical application of electrolysis

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month/Day/Year Month/Day/Year

This student training program was served under my supervision

INSTRUCTOR'S LICENSE NUMBER \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

**A F F I D A V I T**

The following acknowledgement must be sworn to before a Notary Public or a Justice of the Peace

STATE OF \_\_\_\_\_ County of \_\_\_\_\_ City/Town of \_\_\_\_\_. In said County, on the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_, personally appeared before Me, \_\_\_\_\_, Who, after signing the foregoing application in my presence, made oath that the facts stated in said affidavit are true.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Notary Public/Justice of the Peace

My Commission Expires: \_\_\_\_\_

(Seal)

## **Completing your Board Application:**

Complete all pages of the application. Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health  
3 Capitol Hill, Room 104  
Providence RI, 02908-5097**

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing. Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2828.

## **General Instructions**

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ballpoint pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. It is your responsibility to check on the status of your application.

## **General Information**

**Complete and submit application along with the following:**

1. Completed application signed by both the Student and Instructor & notarized
2. Appropriate fee – Examination fee \$100. / Endorsement fee \$62.50 check or money order payable to General Treasurer State of RI.
3. Verification of High School Graduation or GED equivalency
4. Affidavit of completion of 9 month apprenticeship training or an official transcript sent directly from the approved school of electrology( that includes 650 hours of instruction and training)
5. Successful completion of the National Electrology Examination
6. Certified copy of birth certificate
7. Passport size photograph
8. Tax Addendum Form

**Rhode Island Department of Health  
3 Capitol Hill, Room 104  
Providence RI, 02908-5097**

**MANDATORY ADDENDUM TO LICENSE APPLICATION  
Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**Licensee Declaration**

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional/Business License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Business (If Applicable)

*This form must be completed, signed and attached to your license application for processing*

\_\_\_\_\_

*This form must be completed, signed and attached to your license application for processing*