



APPLICATION FOR REINSTATEMENT FOR LICENSE AS AN ELECTROLOGIST

Date _____

Name _____
(Last) (First) (Middle Initial)

Home Address _____

Home Telephone Number _____ E-mail _____

Electrology Business Name _____

Electrology Business Address _____
(Street) (City & State) (ZIP Code)

Electrology Business Telephone Number _____
(Area Code)

Describe Business Location _____
(Office, Home, Salon, Other)

(Signature of applicant in presence of Notary Public)

_____ appeared before me this _____ day of _____, 20_____, and has sworn that the above statements are true.

_____ My Commission Expires: _____
Notary Public

(Notary Seal)

For Board Use Only: License # _____ Reinstatement Date: _____

Application must be accompanied by:

1. Proof of completion of 1.0 CEU for each renewal period or part of a renewal period that has elapsed since the electrologist's license was last current in satisfaction of the competency requirement of G.S. 88A-12. At least one of the CEUs offered in satisfaction of a competency requirement must be completed within the 12 months immediately preceding the application for reinstatement. (see 21 NCAC 19.0701(c)).
2. Check or Money Order for non-refundable \$250.00 reinstatement fee.

North Carolina Board of Electrolysis Examiners
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