



**NORTH CAROLINA BOARD OF ELECTROLYSIS EXAMINERS  
APPLICATION FOR LICENSURE AS A LASER HAIR PRACTITIONER**

**NOTICE: THIS IS NOT AN APPLICATION FOR ELECTROLYSIS**

**IMPORTANT INFORMATION**

**PLEASE PRINT:** IN **BLACK** OR **BLUE** INK OR CAN BE TYPEWRITTEN

**ENCLOSE:** 1. Application and all required documents listed in Section VIII  
2. **Non-refundable** application fee of \$125.00 (check or money order)

**MAIL TO:** NORTH CAROLINA BOARD OF ELECTROLYSIS EXAMINERS  
2 CENTERVIEW DRIVE, PINHURST BUILDING - SUITE 60  
GREENSBORO, NC 27407

**SECTION I - APPLICANT INFORMATION**

Applicant Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Telephone Number: \_\_\_\_\_  
(Work) (Home)

Email Address: \_\_\_\_\_

Business Type: Self-employed \_\_\_\_ Employee \_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Practice Setting(s): \_\_\_\_\_ % of time at this location

1.

2.

3.

Current Practice Type: Full Service Spa \_\_\_\_\_ Individual \_\_\_\_\_ Medical \_\_\_\_\_

Electrolysis License No.: \_\_\_\_\_ Date of Renewal: \_\_\_\_\_

**\*\*North Carolina applicants must attach a copy of Electrology License and current renewal certification\*\***

**SECTION II – APPLICANT’S PRACTICE HISTORY**

1. **HAVE YOU EVER PRACTICED LASER IN NORTH CAROLINA?** ( ) YES ( ) NO  
*If yes, number of years practiced \_\_\_\_\_*

2. **HAVE YOU EVER PRACTICED ELECTROLOGY IN ANOTHER STATE (S)?** ( ) YES ( ) NO  
*If yes, provide the following information for each state:*

| STATE | LICENSE NUMBER | # YEARS PRACTICED | LICENSE EXPIRATION DATE* |
|-------|----------------|-------------------|--------------------------|
|       |                |                   |                          |
|       |                |                   |                          |

\* if license is current, provide a copy of license with this application

3. **HAVE YOU EVER PRACTICED LASER HAIR REMOVAL IN ANOTHER STATE (S)?** ( ) YES ( ) NO  
*If yes, provide the following information for each state:*

| STATE | LICENSE NUMBER | # YEARS PRACTICED | LICENSE EXPIRATION DATE* |
|-------|----------------|-------------------|--------------------------|
|       |                |                   |                          |
|       |                |                   |                          |

\* if license is current, provide a copy of license with this application

4. **HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE ELECTROLOGY OR LASER IN NC OR ANY ANOTHER STATE?** ( ) YES ( ) NO  
*If yes, give state, year, and reason for denial.*

**Comments:**

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**SECTION III - APPLICANT’S BACKGROUND CHECK**

| HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SENTENCED TO MORE THAN 30 DAYS IN JAIL FOR A LESSER OFFENSE? | YES | NO |
|--|-----|----|
| <i>If yes, list details of each occurrence and provide supporting documentation</i>                      |     |    |
|  |     |    |
|  |     |    |

| HAS YOUR LICENSE IN NORTH CAROLINA OR ANY STATE EVER BEEN SUSPENDED OR REVOKED?     | YES | NO |
|---|-----|----|
| <i>If yes, list details of each occurrence and provide supporting documentation</i> |     |    |
|   |     |    |
|   |     |    |

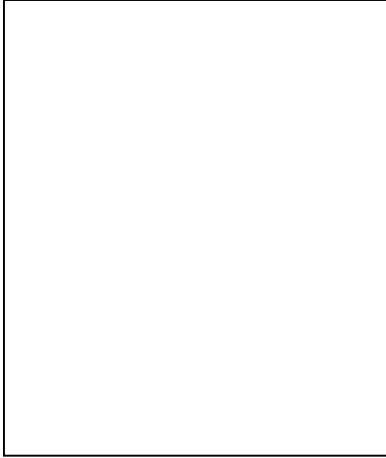
North Carolina Board of Electrolysis Examiners

2 Centerview Drive Pinehurst Building Suite 60, Greensboro, NC 27407

E-mail: [ncbeexam@att.net](mailto:ncbeexam@att.net) Phone: 336-856-1010

revision Sept 2011



**SECTION VI - PHOTO**

**21 NCAC 19 .0202 (a)** *All applicants for licensure as an electrologist shall submit an application on the form provided by the Board, accompanied by proof of being 21 years of age, a passport acceptable photograph taken within the past two years*

**SECTION VII - SUPERVISING PHYSICIAN INFORMATION**

**NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**CURRENT NORTH CAROLINA MEDICAL BOARD LICENSE NO.** \_\_\_\_\_

**SUPERVISORY AGREEMENT IS IN PLACE:** \_\_\_ **YES** \_\_\_ **NO**      **DATE OF AGREEMENT** \_\_\_\_\_

**21NCAC 19.0202 (f)** *"Supervisory Agreement" between the laser hair practitioner and a "Supervising Physician" licensed with the North Carolina Medical Board as defined under G.S. Article 1 Chapter 90*

**SECTION VIII – REQUIRED DOCUMENTS**

Application and **non-refundable application fee** of \$125 must be accompanied by:

- Copy of birth certificate or other legal proof of age;
- Copy of NC Electrolysis License and current renewal certification;
- Copy of certification of completion from each laser institution attended and/or verification of the number of hours completed in theory and clinical training;
- Support documentation as required in Section II and Section III, if applicable;
- Copy of Supervisory Agreement between laser hair practitioner and Supervising Physician; and
- Notarized Supervising Physician Verification Letter (Section IX)

**\*An incomplete application shall be considered unsatisfactory and will be returned to applicant\***

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**SECTION IX - SUPERVISING PHYSICIAN VERIFICATION LETTER**

LETTER IS TO BE NOTARIZED WITH SUPERVISING PHYSICIAN ORIGINAL SIGNATURE

Please send to: North Carolina Board of Electrolysis Examiners  
2 Centerview Drive Pinehurst Building Suite 60  
Greensboro, North Carolina 27407

Date: \_\_\_\_\_

Dear North Carolina Board of Electrolysis Examiners:

This letter is to verify that \_\_\_\_\_ has completed the requirements  
*Name of practitioner*  
to practice laser hair removal per NC GS 88-A 11.1 and will be working under my supervision as  
provided in 21 NCAC .0202.

\_\_\_\_\_  
Supervising Physician

STATE OF NORTH CAROLINA

\_\_\_\_\_ County

I, \_\_\_\_\_, Notary Public for  
said County and State, do hereby certify that

(Official Seal)

\_\_\_\_\_ personally  
appeared before me this day and acknowledged the due  
execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_,  
20\_\_\_\_

## SECTION X - VERIFICATION OF INFORMATION

I hereby certify under oath that I am the person named in this application for a license to practice laser hair removal in the State of North Carolina; that all statements I have or shall make with respect thereto are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished to this Board with respect to my application; and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every respect.

I acknowledge that I have read the general information and instructions for all applicants and that I have answered all questions in compliance with these instructions and understand that the fee I submitted is neither refundable nor transferable.

I further state that by filing this application for a license to practice laser hair removal in the State of North Carolina, I hereby authorize and consent to have an investigation made as to professional reputation and fitness for the practice of laser hair removal. I agree to give any further information, which may be required in reference to my past record.

I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

I further understand that my application for a license to practice laser hair removal in the State of North Carolina is an ongoing process. I will immediately notify the North Carolina Board of Electrolysis Examiners in writing of any changes to the answers to any of the questions contained in the application information section of the application if such a change in an answer is warranted at any time prior to licensure being granted to me by the North Carolina Board of Electrolysis Examiners. I further understand that failure to complete this application as requested by the Board *within six months* can be considered abandonment of any request for licensure and that any fee I submitted is neither refundable nor transferable.

I authorize and request every person, governmental agency (local, state, federal), court, association, institution, or law enforcement agency having control of any documents, records and other information pertaining to me to furnish to the North Carolina Board of Electrolysis Examiners any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the North Carolina Board of Electrolysis Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent licensure or practice there under.

I hereby release, discharge, and exonerate the North Carolina Board of Electrolysis Examiners, its agents or representatives and any person, hospital, clinic, governmental agency (local, state, federal), court, association, institution, or law enforcement agency furnishing information, of any and all liability of every nature and kind arising out of investigation made by the North Carolina Board of Electrolysis Examiners.

I understand that the North Carolina Board of Electrolysis Examiners may release information (material, documents, orders or the like) relating to my credentials or application for licensure to a governmental or medical board agency (local, state, or federal), as relates to a planned or ongoing investigation into patient care or scope of practice issues.

I further understand that issuance of a certificate to practice a limited branch of medicine in North Carolina will be considered on the truth of the statements and documents contained herein or to be furnished, which if false, can subject me to denial of said certificate.

I hereby make application to the North Carolina Board of Electrolysis Examiners for examination for license to practice Laser hair removal in the State of North Carolina. I do swear/affirm that the statements made on this application, and attached copies are true and pertaining to the practice of Electrology, and fully understand that in receiving a license from the North Carolina Board of Electrology Examiners (NCBEE) in the State of North Carolina do pledge to conduct my practice in accordance with the Rules and Regulations as per 21 NCAC Chapter 19 as adopted of the profession.

\_\_\_\_\_  
Laser Practitioner

\_\_\_\_\_  
Date

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**SECTION XII - ADDITIONAL QUESTIONS**
**Please contact:**

Susan Magas, Administrative Assistant  
 NC Board of Electrolysis Examiners  
 336-856-1010  
[ncbeexam@att.net](mailto:ncbeexam@att.net)

*ALLOW 4 - 6 WEEKS TO PROCESS*

*Upon approval of application, payment of fees, and inspection clearance, an official  
 NC Laser Hair Practitioner License will be issued.*

**NCBEE OFFICE USE ONLY**

|  |  |
|--|--|
| <input type="checkbox"/> Fee received                      |  |
| <input type="checkbox"/> Birth certificate                 |  |
| <input type="checkbox"/> LE verified                       |  |
| <input type="checkbox"/> Photo                             |  |
| <input type="checkbox"/> Device listing                    |  |
| <input type="checkbox"/> Letter from Supervising Physician |  |
| <input type="checkbox"/> Supervisory Agreement             |  |
| <input type="checkbox"/> Training list and documentation   |  |

**COMMENT:****North Carolina Board of Electrolysis Examiners**

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