



North Carolina Board of Electrolysis Examiners

2 Centerview Drive, Pinehurst Building, Suite 60

Greensboro, North Carolina 27407

Office: 336-856-1010 | Email: ncbeexam@att.net | www.ncbee.com

APPLICATION FOR REACTIVATION OF LASER HAIR PRACTITIONER LICENSE

Dear Applicant,

Thank you for your request for Reactivation of your Laser Hair Practitioner License. This form contains relevant information about how to obtain reactivation in North Carolina.

The requirements for application are pursuant to the statutes, rules, and regulations set forth by the NC General Assembly and the NC Board of Electrolysis Examiners (NCBEE). Please read the rules and instructions prior to applying.

According to 21 NCAC 19 .0204(c), any laser hair practitioner who has been **inactive for less than five (5) years** and desires to be reactivated must provide written notice (via this application), pay the reactivation fee, and provide proof of competence completion as noted below.

It is the applicant's responsibility to inform the NCBEE of name and/or address changes. Please submit such changes in writing to the address listed above or via email.

Every effort will be taken to process your application in a timely manner. If you have any questions please contact the NCBEE at the information listed above. We look forward to reactivating you in North Carolina.

Requirements for Application for Reactivation (21 NCAC 19)

This is not a comprehensive listing of the rules related to application. Please refer to the rules as noted above.

- Proof of completion of 1.0 CEU within the 12 months preceding application for return to active status in satisfaction of the competency requirement of N.C.G.S. § 88A-14. (21 NCAC 19.0701(b)).
- Check or Money Order for **\$150.00** (non-refundable) reactivation fee made payable to: **North Carolina Board of Electrolysis Examiners**. Returned check fee is \$25.00.
- **An incomplete or partial application will be rejected by the NCBEE.**

NORTH CAROLINA BOARD OF ELECTROLYSIS EXAMINERS

Pursuant to N.C.G.S § 88A and 21 NCAC 19 .0204

APPLICATION FOR REACTIVATION OF LASER HAIR PRACTITIONER LICENSE

Date _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home phone _____ Email _____

Business Name _____

(Refers to Laser Hair Business)

Business Address _____

Business City _____ State _____ Zip _____ Phone _____

Describe Business Location _____

(Office, Home, Salon, Other)

ATTEST:

(Signature of Applicant in presence of Notary Public)

_____ Appeared before me this _____ day of

_____, 20_____, and has sworn that the above statements are true and without deception.

_____ My Commission Expires: _____

(Notary Public Signature)

(Month/Year)

(Notary Seal)

APPLICATION FOR REACTIVATION OF LASER HAIR PRACTITIONER LICENSE

Applicant Name: _____

(For Board Use Only)

License #: _____

Reactivation Date: _____

Comments: _____

File # _____