



## ***North Carolina Board of Electrolysis Examiners***

2 Centerview Drive, Pinehurst Building, Suite 60

Greensboro, North Carolina 27407

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### **APPLICATION FOR REINSTATEMENT OF LASER PRACTITIONER LICENSE**

Dear Applicant,

Thank you for your request for Reinstatement of your Laser Practitioner License. This packet contains relevant information about how to obtain reinstatement 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, any laser hair practitioner whose license has been expired **more than five (5) years** may apply for reinstatement by providing written notice (via this application), paying the reinstatement fee, and providing 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 reinstating you in North Carolina.

### **Requirements for Reinstatement (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 for each renewal period or part of a renewal period that has elapsed since license was last current in satisfaction of competency requirement per N.C.G.S. § 88A-14. (21 NCAC 19.0701). At least 1.0 CEU must be completed within the 12 months preceding application for reinstatement. Check or Money Order for **\$250.00** (non-refundable) reinstatement fee made payable to: **North Carolina Board of Electrolysis Examiners**.
- Returned check fee is \$25.00.
- **An incomplete or partial application packet 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 REINSTATEMENT OF LASER 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 REINSTATEMENT OF LASER PRACTITIONER LICENSE

Applicant Name: \_\_\_\_\_

**(For Board Use Only)**

License #: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File # \_\_\_\_\_