



North Carolina Board of Barber and Electrolysis Examiners

7001 Mail Service Center

Raleigh, North Carolina 27699-7000

Office: (919) 814-0640 | Email: electrolysis@nc.gov | bbee.nc.gov

Application for Certification ***Laser Hair Practitioner Instructor***

Dear Applicant,

Thank you for your request for an application for certification as a Laser Hair Practitioner Instructor. This packet contains relevant information about how to obtain a certification 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 Barber and Electrolysis Examiners. Please read the rules and instructions prior to applying.

It is the applicant's responsibility to inform the board 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 board at the information listed above. We look forward to certifying you in North Carolina.

Requirements for Application for Certification

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

- All applicants must be 21 years of age.
- All documents/fees requested in the Application Check List must accompany this application unless otherwise noted as 'if applicable'. A completed and notarized application form approved by the Board is required for certification.
- **An incomplete or partial application packet will be rejected by the board.**

Application Check List

- √ Certified copy of **birth certificate** or other legal proof of age
- √ Copy of all **out-of-state licenses**, if applicable
- √ Copy of **Education Background**: diploma (or similar) evidencing attainment of equivalent education.
- √ Copy of **Electrology License**
- √ Copy of your approved **current renewal** of continuing education for electrolysis
- √ Copy of your **Laser License**
- √ Copy of your approved **current renewal** of continuing education for laser
- √ Additional page(s) of **Background of Applicant** affidavit's questions, if applicable
- √ Two (2) letters of **personal** reference
- √ Two (2) letters of **professional** reference
- √ Documentation of **teaching experience**. Must have at least **100 hours of training in laser** (N.C.G.S §88A-17.1)
- √ Documentation of **teaching preparation courses**
- √ Proof of having been **actively practicing** Laser Hair Removal for at least five (5) years immediately before making application
- √ Passport acceptable **photograph** taken within the last two (2) years
- √ Check or money order for application fee in the amount of **\$150.00** made payable to:
North Carolina Board of Barber and Electrolysis Examiners

Fees

Application for certification as Instructor	\$150.00 (non-refundable)
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Instructions for Completing PDF form

- The application is an interactive PDF. This means you can click directly onto a field and enter the required information. If you hover over the field with your cursor, a detail of the required information will be displayed.
- Please enter all information and **SAVE** the PDF file to your computer. There are two options for submitting the form:
 - print the saved document, notarize, and send a scanned copy to the board email at electrolysis@nc.gov.
 - or, print the saved document, notarize, and mail to the NCBEE at:
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Application for Certification Laser Hair Practitioner Instructor

SECTION 1 – Applicant Information

Date: _____

Full Name: _____ Maiden: _____

Mailing Address: _____

City _____ State _____ Zip _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Home Phone #: _____ Cell Phone #: _____

Female _____ Male _____ Email: _____

SECTION 2 – Current Practice Information

1. Date Electrology License Issued: _____ License #: _____

Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Business Phone #: _____ Fax#: _____ Cell #: _____

Email: _____ Website: _____

Check what best describes your business location: Office Home Salon Other

2. *Date Laser Hair Removal License Issued:* _____ *License #:* _____

Business Name: _____

Business Address: _____

City _____ *State* _____ *Zip* _____

Business Phone #: _____ *Fax#:* _____ *Cell #:* _____

Email: _____ *Website:* _____

Check what best describes your business location: *Office* *Home* *Salon* *Other*

SECTION 3 – Location History

Please specify the dates you have been actively engaged in the practice of **Electrology** and the locations of Electrology practice in the five (5) years prior to Electrology Instructor application:

	Start Date	Stop Date	Location of Electrology Practice
1			
2			
3			
4			
5			

Please specify the dates you have been actively engaged in the practice of Laser Hair Removal and the locations of Laser Hair Removal practice in the five (5) years prior to Instructor application:

	Start Date	Stop Date	Location of Laser Hair Removal Practice
1			
2			
3			
4			
5			

SECTION 4 – Educational Background

Name of School	Street, City, State, Zip	Year	Major	Graduated?		Diploma	Degree	GED
				Yes/No	Credit Hrs	Yes/No	Yes/No	Yes/No
High School								
Technical School								
College/University								
Electrology School								
Laser Institute								
Other								

Most Recent Continuing Education for Electrolysis Instruction

****Attach copies of earned CEU certification****

				IACET Approved	Seminar	Convention	Home Study & Subject
Sponsoring Entity	Street, City, State, Zip	Year	CEUs	Yes/No	Yes/No	Yes/No	Yes/No

Most Recent Continuing Education for Laser Hair Removal Instruction

****Attach copies of earned CEU certification****

				IACET/ ANSI Approved	Seminar	Convention	Home Study & Subject
Sponsoring Entity	Street, City, State, Zip	Year	CEUs	Yes/No	Yes/No	Yes/No	Yes/No

SECTION 5 – Background Information

If more space is needed to complete your explanation, please label each page with appropriate question being referenced and add "See Attached" to the question below.

1. Has your application for examination or licensure ever been rejected by any Board of Examiners? Yes No

If YES, by what Board and for what reason?

2. Are you now or have you ever practiced Laser Hair Removal in any other state? Yes No

If YES, specify each state, number of years practiced, and license # for each state.

3. Have you ever practiced Laser in a state not requiring a license? Yes No

If YES, give state and years practiced?

4. Has any State Licensing Board or State Agency revoked, suspended, or otherwise disciplined a license issued to you? Yes No

If YES, give the name of the board, state, action taken, reason, and outcome.

5. To your knowledge, are you now or have you ever been the subject of a criminal investigation? Yes No

If YES, please attach a statement of facts explaining the investigation and list the investigating agency name and final disposition.

6. Have you ever had a judgment rendered against you, or action settled relating to the performance of your professional service? Yes No

If YES, provide details.

7. I have actively practiced Laser Hair Removal for at least five (5) years prior to applying for status as a Laser Hair Removal Instructor. Yes No

SECTION 6 – Additional Questions

QUESTIONS LISTED BELOW ARE FOR THE BOARD’S INFORMATION ONLY

1. What are your reasons for becoming a laser hair removal instructor in North Carolina?

2. What goals would you, as a Laser Hair Removal Instructor in North Carolina, hope to accomplish in educating students as laser practitioners?

3. List any past and current teaching experience.

4. List all teacher preparation courses you have taken.

5. Please specify the dates you have been actively engaged in the instruction and training of laser hair removal.

NAMES OF TRAINING FACILITIES FOR INSTRUCTION:

Start Date	Stop Date	Training School Name	Street, City, State, Zip	CEUs	Practice Setting

SECTION 7 - References

LETTERS OF REFERENCE:

List the names, addresses, and phone numbers of two (2) personal **and** two (2) professional references. Attach letters of recommendation with application.

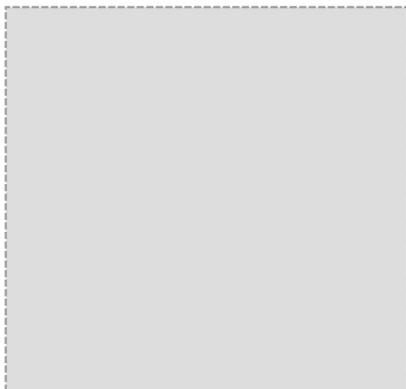
Personal References

Name	Address	Phone

Professional References

Name	Address	Phone

SECTION 8 - Photo



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 9 - Declaration

DECLARATION OF LEGITIMACY

I, hereby, make application to the North Carolina Board of Barber and Electrolysis Examiners to obtain certification as a Laser Hair Removal Instructor. Upon acceptance of this application, it will enable me to teach the Practice of Laser Hair Removal in the state of North Carolina. I do solemnly swear and affirm that the statements made on this signed application and all attached pertinent background documents are true and correct. To further affirm, I have read and understand G.S. § 86B (the Barber and Electrolysis Practice Act), and 21 NCAC 06. I fully understand in receiving a Laser Hair Removal Instructor certification from the board, I will comply with all statutes and rules set forth and adopted by the board to allow instruction and teaching in the science of Laser Hair Removal in the state of North Carolina. I pledge to maintain the highest standards of the profession in fulfilling this position.

(Signature of Applicant in presence of Notary Public)

_____ Appeared before me this

_____ Day of _____ 20____, and has sworn that the above statements are true.

(Notary Public)

My Commission Expires: _____

(Notary Seal)

Application for Certification Laser Hair Practitioner Instructor

Applicant Name: _____

To obtain a copy of G.S. § 86B (the Barber and Electrolysis Practice Act) and the rules in 21 NCAC 06, please refer to the board website at bbee.nc.gov.

ATTACH ALL DOCUMENTS AS PROOF TO THIS APPLICATION

(For Board Use Only)

Instructor License # _____

License Date: _____

File # _____

Comments: _____
