



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 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 Barber and Electrolysis Examiners. Please read the rules and instructions prior to applying.

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 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 reinstating you in North Carolina.

Requirements for Reinstatement

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

- Proof of completion of 10 CEUs 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. § 86B-59. At least 10s 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 Barber and Electrolysis Examiners**.
- Returned check fee is \$25.00.
- **An incomplete or partial application packet will be rejected by the board.**

NORTH CAROLINA BOARD OF ELECTROLYSIS EXAMINERS

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 # _____