



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR ELECTROLOGIST LICENSURE

OFFICE USE ONLY	
LIC. NO.:	_____
DATE ISSUED:	_____
EXP. DATE:	_____

Check one: Examination Endorsement Reinstatement CT License # _____

First Name: _____ MI: _____ Last Name: _____ Maiden Name: _____

Social Security: _____ - _____ - _____ E-mail: _____

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

City, State, Zip: _____

Phone Number: (____) _____ Date of Birth: ____/____/____ Gender: _____

PROFESSIONAL EDUCATION:

Name of Electrology School: _____

Address: _____

No. & Street

City

State

Zip Code

Dates Attended: From : _____ To: _____

Are you now or have you ever been licensed as an electrologist in any state(s)? YES NO .

If yes, please indicate states _____

WORK EXPERIENCE:

If licensed, provide complete information regarding setting, location and exact dates of employment:

AT THE EXAM, WILL YOU REQUIRE AN ACCOMMODATION FOR A DISABILITY? YES NO . IF YES, ATTACH A SEPARATE WRITTEN STATEMENT, BRIEFLY DESCRIBING THE NATURE OF THE DISABILITY AND THE ACCOMMODATION YOU ARE SEEKING. UPON REVIEW OF YOUR REQUEST, THIS OFFICE WILL CONTACT YOU FOR APPROPRIATE DOCUMENTATION.

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice Organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptor ship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private. YES NO

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

PROFESSIONAL HISTORY (continued):

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

YES NO

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

YES NO

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

YES NO

If your answer is "yes" to any of the above questions (1-5), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

YES NO

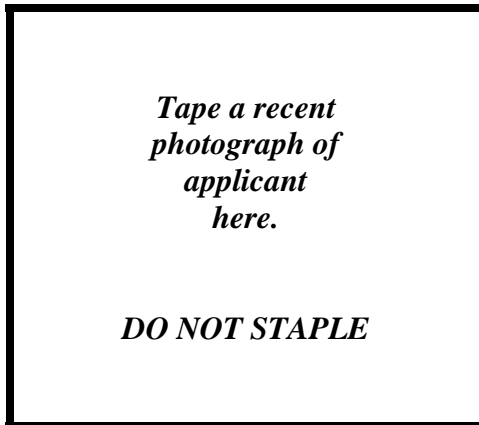
If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

YES NO

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:



NOTARIZATION:

On this ____ day of _____ of 20 ____,

_____ (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

SIGNATURE OF APPLICANT

Sworn to before me this ____ day of _____ of 20 ____.

SIGNATURE OF NOTARY PUBLIC

My commission expires _____

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$150.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH
ELECTROLOGIST LICENSURE-REMITTANCE UNIT
410 CAPITOL AVE., **MS# 12 MOA**
P.O. BOX 340308
HARTFORD, CT 06134-0308