



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ELECTROLOGIST
VERIFICATION OF LICENSURE/CERTIFICATION/REGISTRATION**

TO BE COMPLETED BY APPLICANT

APPLICANT: Complete the top portion of this form and forward it to each state where you are now or have ever been licensed, certified or registered as an electrologist (make copies as necessary).

Name: _____
Last First Middle Maiden

Address: _____
No. & Street City State Zip Code

Original License or Certification _____ Date Issued _____ In (State) _____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Signature _____ Date _____

TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named individual was issued license/certification/registration number _____ in the state of _____ to practice as an electrologist effective ____/____/____.

Current Status: Active Inactive Lapsed

Date license, certification or registration expires: _____

What was the basis for licensure/certification/registration in your state? Endorsement Examination

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES** **NO** . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Name/Title _____ Telephone _____

Signature _____

State/Agency _____ Date _____

PLEASE COMPLETE AND RETURN DIRECTLY TO:

Department of Public Health
Electrologist Licensure
410 Capitol Ave., MS #12APP
P.O. Box 340308
Hartford, CT 06134-0308