ELECTROLOGY RECIPROCITY APPLICANTS

INSTRUCTION SHEET

- A small 2x2 photo
- A money order for $97.00
- All questions must be answered, incomplete applications will be returned
- Applicants must be at least 18 years of age
- High school diploma or equivalent
- Electrolysis school diploma
- A completed out of state verification form
1. Applicant Name: ____________________________________________
   Last     First     Middle

2. Maiden Name: ________________________________________________

3. State in which you hold a current license: ____________________________

   BOARD USE ONLY
   Status Code: _____   Issue Date: _______   Lic. Exp. Date: _______

4. Date of Birth: ________________   5. Place of Birth: ________________

6. Permanent Address: ____________________________________________
   No.   Street   Apt. #
   __________________________
   City/Town   State   Zip Code

7. Business Address (If Applicable):
   No.   Street   Apt. #
   __________________________
   City/Town   State   Zip Code

8. Telephone Number-Day: ________________   Evening: ________________

9. Social Security Number (Mandatory):
   Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue
will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:_______ No:__________
If yes, please state the details (use a separate sheet if necessary):

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:_____ No:______
If yes, please state the details (use a separate sheet if necessary):

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes:_____ No:_____ If yes, please state the details (use a separate sheet if necessary):

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ____ No: _____
If yes, please state the details (use a separate sheet if necessary):

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $100.00 was assessed? Yes: _____ No: _____
If yes, please state the details (use a separate sheet if necessary):

16. Name of Electrology School Attended________________________________

School Address___________________________________________________

Number of hours completed_____________ Date of Graduation____________
AFFIDavit AND NOTARIZATION

I certify, under the pains and penalties of perjury, that the information I have provided Pursuant to this application for licensure is truthful and accurate. I understand that the Failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Electrology to deny me the right to sit as a candidate or to suspend or Revoke a license issued to me in accordance with the Massachusetts Law. I further Attest that pursuant to G.L. c.62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all taxes required by law

__________________________   ______________________________
Signature of applicant    Date

NOTARY

Jurisdiction of:____________________County of:___________________SS:______________
I, ______________________________a notary Public in the for said county, in the
Jurisdiction of aforsaid, DO HEREBY CERTIFY that___________________________________
Is personally known to me to be the same person whose name is subscribed to the foregoing
Instrument, appeared before me this day in person, and acknowledge that he/she signed.
Sealed and delivered the said instrument as his/her free and voluntary act, for uses and
Purposes therein set forth
Given under my hand and notorial seal this______day of_________________20___________

____________________________________  ______________________________
Notary Public      My commission expires
INSTRUCTIONS TO APPLICANTS:

Please send one copy of this form to each Board by which you are or have been licensed to practice as an electrologist. Please be advised that some states require a processing fee.

____________________________________ has applied for an electrology license in the state of Massachusetts. The Board would appreciate that you would complete this form and return it to the Board at the above address. Thank you.

License Number___________________ Date of Issue___________________________

Basis of Licensure: Endorsement_________ Examination__________ if so, please specify type of examination, and subjects tested and score (s) received____________________

____________________________________
Was a practical examination given?_________ if so, please give date_________. score received on practical__________________.

Is this individual presently under investigation?____ Yes____ No
Has this individual ever had any complaints filed against them?____ Yes____ No
Has this license ever been suspended, revoked or any disciplinary action?____ Yes____ No
Is this license presently current and valid?____ Yes____ No. Expiration date____________

Signature____________________________

BOARD SEAL _______________________
Title ______________________________
Date ______________________________