ELECTROLOGY INSTRUCTOR APPLICATION
CHECKLIST

Your application must include:

- A 2” x 2” photo
- A copy of your driver’s license or government-issued photo ID
- A copy of your Massachusetts electrology license
- A copy of your high school diploma or Graduate Equivalency Diploma (GED)
- A money order or check for $66 payable to the Commonwealth of Massachusetts. *Application fees are non-refundable.* All money orders must be signed and dated.
- An electrology instructor must have two years of full-time (eight hours a day, five days a week) experience as an electrologist or the equivalent in the two years prior to applying. To show this, you must submit a notarized affidavit (signed by a notary with a seal) certifying the date you started and stopped working for each employer and whether the work was full- or part-time. Part-time experience will be given half credit, e.g. four years of part-time experience equals two years of full-time experience.
- A copy of your diploma from an electrology school
- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

After your application is approved, you will receive information about taking a written examination. A practical examination is no longer required.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
Electrology Instructor Application
Fee: $66.00

Please attach recent 2” X 2” passport photograph here

1. Applicant Name: ____________________________________________
   Last      First      Middle

2. Maiden Name: ____________________________________________

3. Date of Birth: ____________________

4. Permanent Address: _________________________________________
   No.        Street       Apt. #
   City/Town  State        Zip Code

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

6. Contact Phone Number: ____________________________
   Cell Phone Number: ____________________________
   E-mail address: ________________________________

7. 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.
Background Questions

1. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?
   
   Yes: ☐  No: ☐

   If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

2. Do you hold or have you held a professional license in any jurisdiction?
   
   Yes: ☐  No: ☐

   If your license is with the Board, please list your license number:

   ________________________________

   For other licenses, please contact the jurisdiction’s licensing authority and arrange for that authority to send a certificate of standing directly to the Board indicating the status of your license, information on any pending actions, and any disciplinary information.

   For questions 3-6, if you answer yes, you must submit a notarized letter explaining the incident.

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?
   
   Yes: ☐  No: ☐

4. Have you ever voluntarily surrendered a professional license to a licensing board in any jurisdiction?
   
   Yes: ☐  No: ☐

5. Have you ever applied for and been denied a professional license in any jurisdiction?
   
   Yes: ☐  No: ☐

6. Have you ever been convicted of a felony or misdemeanor in any jurisdiction?
   
   Yes: ☐  No: ☐
Certification

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 of Cosmetology and Barbering to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, §49A, to the best of my knowledge and belief, I and/or the business entity I represent have filed all state tax returns and paid all state taxes required by law.

__________________________________________  ______________________________
Signature of Applicant                      Date
Instructor Work Experience Affidavit

I, ________________________________, hereby certify that I am a licensed (circle one):

Cosmetologist / Aesthetician / Manicurist / Barber / Electrologist, and that I have worked
for the equivalent of two full-time years in that profession. List experience, oldest first:

1. Name of Shop: ___________________________________________________________
   Address: _______________________________________________________________
   Date started – Date ended (m/d/year to m/d/year): ____________________________
   Full- or part-time?: __________________

2. Name of Shop: ___________________________________________________________
   Address: _______________________________________________________________
   Date started – Date ended (m/d/year to m/d/year): ____________________________
   Full- or part-time?: __________________

3. Name of Shop: ___________________________________________________________
   Address: _______________________________________________________________
   Date started – Date ended (m/d/year to m/d/year): ____________________________
   Full- or part-time?: __________________

Signature of Applicant: ________________________________
Name of Notary Public: ________________________________
Date Commission Expires: ____________________________

Seal
The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, “Division of Professional Licensure”] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (“DCJIS”). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature ___________________________________ Date _________________________

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration ___________________________ License Type ___________________________

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD’S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT’S Identity THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKewise VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD’S OFFICES AT THE ADDRESS SET FORTH ABOVE.
SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name  
*First Name  
Middle Name  
Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth  
Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _________

Sex: ______  
Height: _____ ft. _____ in.  
Eye Color: ____________

Driver's License or ID Number: ________________  
State of Issue: ____________________________

Current and Former Addresses:

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<th>Number</th>
<th>Name</th>
<th>City/Town</th>
<th>State</th>
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SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:

- [ ] Passport  
- [ ] State-issued driver’s license  
- [ ] Military identification  
- [ ] State-issued identification card

VERIFIED BY: ________________________________

Name of Verifying DPL Employee (Please Print)

______________________________

Signature of Verifying DPL Employee (Please Print)  
Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____________, 20____, before me, the undersigned notary public, personally appeared _____________________________(name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

- [ ] Passport  
- [ ] State-issued driver’s license  
- [ ] Military identification  
- [ ] State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

____________________________
Notary Public:  
____________________________
Notary Commission Expires On:

1 If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).