

INSTRUCTIONS AND REQUIREMENTS – ELECTROLOGIST (BY EXAM)

Access this form online at: https://cca.hawaii.gov/pvl/programs/electrologist/application_publications/

GENERAL INFORMATION

Electrology is the practice of removing hair from the human body using a needle inserted into the hair follicle and using direct electrical current or shortwave alternating current, or a combination, to disable the follicle. The practice of electrology does not include any hair removal system that does not penetrate the skin.

NATIONAL EXAM

Hawaii does not reciprocate with any jurisdiction; therefore, a person shall apply, qualify, be tested, and pay the necessary fees to become licensed as an electrologist in the State of Hawaii. All applicants are required to obtain a passing score on the National-Interstate Council of State Boards of Cosmetology (“NIC”) examination. If you already passed the NIC examination in another jurisdiction, please review the “Electrologist License (Exam Waiver)” application instructions on the Program’s website: https://cca.hawaii.gov/pvl/programs/electrologist/application_publications/

STEP 1 – SATISFY THE QUALIFICATION REQUIREMENTS AND SELECT ONE PATHWAY

AGE

You must be at least sixteen (18) years of age.

SOCIAL SECURITY NUMBER

If you are applying as an individual/sole proprietor, your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number, or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires that Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES (“HRS”):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant’s Social Security Number if the licensing authority is authorized by federal law to require the disclose (and by the federal cites shown above, we are authorized to require the Social Security Number).

LICENSE PATHWAYS

You may qualify for licensure through multiple pathways. Select **ONE** pathway which best applies to your training and refer to Page 2 to determine what documentation must be included with your application.

- (1) I have attained 600 hours of schooling from an electrology school accredited by a national or regional accrediting agency, or is licensed in any U.S. jurisdiction as an electrology school;
- (2) I have attained 800 hours of qualified apprenticeship over a period of not less than six (6) months;
- (3) I possess an electrologist license in another jurisdiction and have at least one year of licensed experience.

STEP 2 – SUBMIT YOUR APPLICATION WITH APPLICABLE FEES AND SUPPORTING DOCUMENTS FOR EXAMINATION

APPLICATION FORM

Complete the online fillable form or print legibly in black ink and **ATTACH** appropriate documentation.

FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

INITIAL FEE

ATTACH the application fee of \$50.00 made payable to: *COMMERCE AND CONSUMER AFFAIRS*. Checks must be made in U.S. dollars and be from a U.S. financial institution

(CONTINUED ON PAGE 2)

INITIAL FEE (CONTINUED) ***NOTE:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a **\$25.00 service charge shall be assessed for payments that are dishonored for any reason.***

FOREIGN LANGUAGE All documents must be in English. If documents are not in English, the documents must be translated into English. Submit a copy of the foreign document with (1) the **ORIGINAL** English translation and (2) an **ORIGINAL** declaration from the translator that the translation is accurate, and that the translator is fluent in both the foreign language and English. The translator cannot be the applicant. Supporting documents in other names **MUST** be listed on your application under the "Other Names Used" section.

Example: "I certify that I am competent in both the English language and the (language of the document) language and that this is a true and complete translation of the foreign language original."

PATHWAYS (1): ELECTROLOGY SCHOOL **ATTACH** Form EL-02. The form must be signed by your trainer who must be a licensed electrologist. Include supporting documents (such as transcripts of accredited or licensed schools) with information on the subjects and hours per subject you completed. Form EL-03 may be completed and signed by a supervisor or employer who is a licensed electrologist for any out-of-state training.

PATHWAY (2): APPRENTICESHIP **ATTACH** Form EL-02. The form must be signed by your trainer who must be a licensed electrologist. Include supporting documents (such as apprenticeship training records) with information on the subjects and hours per subject you completed. Form EL-03 may be completed and signed by a supervisor or employer who is a licensed electrologist for any out-of-state training.

PATHWAY (3): OUT-OF-STATE LICENSE **ATTACH** a copy of your out-of-state electrologist license **AND** Form EL-03 to verify your out-of-State experience. If you are licensed as an electrologist in another U.S. jurisdiction, then you may complete and sign the form.

INCOMPLETE APPLICATIONS Incomplete applications will not be accepted, and a notice of deficiency will be sent. It is your responsibility to file a complete application in sufficient time to be approved to take the examination.

SEND YOUR APPLICATION	<u>VIA MAIL:</u>	OR	<u>DELIVER IN-PERSON:</u>
	Electrologist Licensing Program DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801		DCCA, PVL Licensing Branch 335 Merchant St., Room 301 Honolulu, HI 96813 Phone: (808) 586-3000

LICENSE DENIAL If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes, Chapter 91. Your written request for a hearing should be directed to the Electrologist Licensing Program and must be received by the Program within 60 days of the date that your application for licensure was denied.

STEP 3 – PASS THE NIC EXAMINATION

ABOUT THE NIC EXAM	The testing agency, Prometric , administers the NIC examination to applicants after the application has been approved. The examination is provided in the English language (theory only; practical not required). Additional computer-based testing centers are anticipated to open.
COMPUTER-BASED FORMAT	If your application is approved by the Electrology Program, you will receive an email from ISO Quality Testing (registrations@isoqualitytesting.com) with instructions to pay the required testing fee in order to schedule an appointment to take the examination.
TAKING EXAM IN ANOTHER JURISDICTION	You may request to take the Hawaii NIC examination in another jurisdiction. Please verify you have access to a Prometric testing center in that jurisdiction. Send a SIGNED letter to the Electrology Program indicating (1) your current mailing address; and (2) which state you will be taking the Hawaii NIC examination.
EXAMINATION RESULTS	An official score report will be sent via email within two weeks after your examination date. Applicants who receive a “Pass” notice will receive a “Fees Due” notice with instructions to apply for Electrology licensure. Applicants who receive a “Fail” notice will receive instructions on re-examination.
ABANDONMENT OF APPLICATION	Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

STEP 4 – PAY REMAINING LICENSE FEES AND MAINTAIN YOUR LICENSE

LICENSE FEES	After obtaining a passing score on the examination, SUBMIT your “Fees Due” notice with license fees: Applicant who will be licensed in an ODD-numbered year, pay \$196 (License-\$48 + CRF-\$100 + 1/2 Renewal-\$48) Applicant who will be licensed in an EVEN-numbered year, pay \$98 (License-\$48 + CRF-\$50) The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.
RENEWAL	All licenses, regardless of date issued, expire on December 31 of every even-numbered year. Licenses must be renewed on or before the expiration date. License renewal after the expiration date and within the one-year restoration period is subject to penalty fees. After the one-year period, you will need to reapply for licensure as a new applicant.
LAWS AND RULES	To obtain a copy of the Electrology laws and rules, Chapter 448F, Hawaii Revised Statutes, and Chapter 16-113, Hawaii Administrative Rules, submit a written request to the address on Page 3 of these instructions, or you may download them from cca.hawaii.gov/pvl . Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act, should be read in conjunction with the Electrology laws and rules.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE – ELECTROLOGIST (BY EXAM)

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink.

Legal Name (First, Middle)	(Last)
OTHER NAMES USED (Previous surnames, maiden name, nicknames and aliases)	
Email Address (Required for Exam)	Date of Birth (mm/dd/yyyy)
Residence Address (Include Apt. No., City, State, & Zip Code) - REQUIRED	
Mailing Address (ONLY if different from residence location)	
Social Security No.	Phone No. (Days) Res: Bus:

FOR OFFICE USE ONLY	<input type="checkbox"/> School/Apprentice or <input type="checkbox"/> 1 yr experience <input type="checkbox"/> O/S license	
	<input type="checkbox"/> Approved (Initials/date):	
	Eff Date:	Lic No.: EL-

Mark your answers and give details when required:

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- Have you ever applied for an electrologist license in Hawaii? YES NO
If "YES": When (month/year) did you apply? _____
- Have you ever been declared mentally incompetent by any court? YES NO
If "YES": Give details on a separate sheet.
- Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? ... YES NO
If "YES": Specify the jurisdiction where action took place, penalty imposed and reasons for such action on a separate sheet and submit pertinent documents.
- Are there any disciplinary actions pending against you? YES NO
If "YES": Specify jurisdiction where action is pending and reasons for such action on a separate sheet and submit pertinent documents.
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
If "YES": Explain on a separate sheet, and submit certified court documentation on the date, place violation of each conviction and fulfillment of conditions for each sentence.

(CONTINUED ON PAGE 2 – SIGNATURE REQUIRED)

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App	702	\$50
License	703	\$48
CRF	710	\$50/\$100
1/2 Renewal	701	\$48
Service Fee	BCF	\$25

Print Name: _____

Date: _____

ELECTROLOGY TRAINING AND EXPERIENCE

If more space is needed, use a separate sheet, 8.5" x 11"

EDUCATION	Name of School	Location of School (city, state, country)	Dates Attended (mo/yr)		Highest Grade or Hours Completed	School Recognition	
			From	To		Accredited	License
	Electrology School					Hrs	
Other Schooling					Hrs		

APPRENTICE HISTORY	Name of Trainer	Address of Trainer	Mo/Yr Employed (mo/yr)		Length of Apprenticeship	Average Hrs Per Week	Hrs Completed
			From	To			
						Yrs Mos	
					Yrs Mos		

EMPLOYMENT HISTORY	Name of Employer	Address of Employer	Dates Employed (mo/yr)		Length of Employment	Average Hrs Per Week	Position Title
			From	To			
						Yrs Mos	
					Yrs Mos		
					Yrs Mos		

ELECTROLOGY LICENSES	Name of Jurisdiction (State/Country)	Method of Licensure (NIC Exam, State Exam, Reciprocity)	License Number	Licensure Date	Expiration Date	

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, and Section 448F-7, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 448F and Hawaii Administrative Rules, Chapter 16-113.

Signature of Applicant

Date

SCHOOLING/APPRENTICESHIP VERIFICATION – ELECTROLOGIST

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PART I. TO BE COMPLETED BY APPLICANT	
Fill in your Name and Address only. Your Trainer must complete Part II. ATTACH completed form to your application.	
Name of Applicant (First, Middle)	(Last)
Mailing Address of Applicant	Date

PART II. TO BE COMPLETED BY TRAINER OF APPLICANT	
The above applicant is applying for the Hawaii Electrologist license. Your assistance as a qualified person in the trade is necessary to provide valid and accurate verification of training. Please complete, sign, and return this completed form to the APPLICANT .	
Please indicate your qualifications in the practice of electrology and provide apprentice training information below:	
Name and Address of Trainer: _____ _____ _____ Title: _____ Years of Experience: _____ License No.: _____ License Eff. Date: _____ Exp. Date: _____	Apprentice Training: Start Date: _____ End Date: _____ Length of Training: _____ Average Hours Per Week: _____

Training: Describe the course of training by subjects. Include hours for each subject. If more space is needed, attach a separate sheet (8.5" x 11"). Subjects: _____ _____ _____	If applicant is an APPRENTICE, list the number of training hours for <u>each</u> of the subjects below: Theory _____ Clinical Training _____ _____ TOTAL _____
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<p style="text-align: center;">I hereby certify that the information provided on the above-named applicant is true and correct, and that I am a licensed electrologist or qualified person.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Trainer/Qualified Person</p> <p style="text-align: center;">Phone No.: _____ Date: _____</p>
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EXPERIENCE VERIFICATION – ELECTROLOGIST

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PART I. TO BE COMPLETED BY APPLICANT

Fill in your Name and Address only. Your supervisor/employer must complete Part II unless you were self-employed. **ATTACH** completed form to your application. If self-employed, include a copy of your shop or business license.

Name of Applicant (First, Middle)

(Last)

Mailing Address of Applicant

Date

PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT

The above applicant is applying for the Hawaii Electrologist license. Your assistance as a qualified person in the trade is necessary to provide valid and accurate verification of training. Acceptable verification is from a qualified person in the practice working with and/or responsible for the applicant. Please complete, sign, and return this completed form to the **APPLICANT**.

Please indicate your qualifications in the practice of electrology and provide apprentice training information below:

Name and Address of Supervisor/Employer:

Title: _____

Years of Experience: _____

License No: _____ Years Licensed: _____

Applicant's Employment Information:

Employment Date

Termination Date

Total Length of Employment

Average Hours Per Week

yrs.

mos.

Experience: Describe work performed. If more space is needed, attach a separate sheet (8.5" x 11").

I hereby certify that the information provided on the above-named applicant is true and correct, and that I am a licensed electrologist or qualified person.

Signature of Supervisor/Employer/Qualified Person

Phone No.: _____

Date: _____