

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: <i>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.</i>		
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. <u>The translator cannot be the applicant.</u> 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 (<u>language of the document</u>) 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> Electrologist Licensing Program DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	OR	<u>DELIVER IN-PERSON:</u> 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.		

(CONTINUED ON PAGE 3)

STEP 3 – PASS THE EXAMINATION

EXAM REQUIRED

Upon completion of the education and training requirements, the applicant shall submit an application to sit for the Beauty Instructor Licensing Exam. If the Board determines that you meet the education and training requirements, you will receive notice of exam approval.

FOR APPLICANTS APPLYING TO TAKE THE ELECTROLOGY EXAMINATION:

- ATTACH the non-refundable application fee of \$50.00 with your application, payable to: COMMERCE AND CONSUMER AFFAIRS. Checks must be made in U.S. dollars and be from a U.S. financial institution.
 - For examination information, including registration, exam locations, and Candidate Information Bulletins, please visit PSI Services, LLC website [HTTP://test-takers.psiexams.com/hitrade/](http://test-takers.psiexams.com/hitrade/). For telephone registration, please call (833) 333-4754.
 - The locations available for the exam out-of-state are solely up to PSI Services, LLC. The examination is provided in the English language.
 - If you require special testing arrangements due to a disability, PSI Services, LLC will handle Americans with Disabilities Act ("ADA") accommodation requests.
 - Those with passing scores become eligible for licensure upon payment of the appropriate fees. Re-exam candidates must re-register for exam via PSI.
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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.

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)	FOR OFFICE USE ONLY	<input type="checkbox"/> School/Apprentice or <input type="checkbox"/> 1 yr experience <input type="checkbox"/> O/S license	
OTHER NAMES USED (Previous surnames, maiden name, nicknames and aliases)				<input type="checkbox"/> Approved (Initials/date):	
Email Address (Required for Exam)		Date of Birth (mm/dd/yyyy)		Eff Date:	Lic No.: EL-
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:				

Mark your answers and give details when required:

1. Are you at least 18 years of age? ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ YES ☐ NO
3. Have you ever applied for an electrologist license in Hawaii? ☐ YES ☐ NO
If "YES": When (month/year) did you apply? _____
4. Have you ever been declared mentally incompetent by any court? ☐ YES ☐ NO
If "YES": Give details on a separate sheet.
5. 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.
6. Are there are 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.
7. 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

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

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 each of the subjects below:

Theory _____

Clinical Training _____

TOTAL _____

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 Trainer/Qualified Person

Phone No.: _____

Date: _____

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: _____