

Instructions for Licensed Electrologist Applying for an Electrology Office License

A completed application must include:

1. Completed Application (pages, 1, 2, 3, and 4); and
2. Application fee of \$100.00. Nonrefundable: Payable to the “Vermont Secretary of State”, and
3. A floor plan. Draw the floor plan of your office. Include dimensions of all rooms and areas of the office. Give the scale, for example ½ inch equals one foot. Label the floor plan with your name and the name of the office. Keep a copy of the floor plan on the premises; the Inspector may request to see your copy; and
4. Copy of Trade Name Registration (if applicable).

IMPORTANT INFORMATION – READ CAREFULLY

- Licensees must notify the office within 30 days of any change of name or address. See 3 V.S.A., Section 129(a)(14).
- Electrologist shall notify the Office 30 days before opening any Office or Branch Office for an inspection. No Office can open without an inspection. You can find a sample copy of the inspection form on page 5, 6 & 7.
- Each Electrology Office shall have a Designated Licensed Electrologist responsible for overall cleanliness and sanitation of the Office. See V.S.A., Section 4409(c).
- The practice of Electrology shall be permitted only in Licensed Electrology Offices. See 26 V.S.A., Section 4409(d).

Application for An Electrology Office

Type or Print. If space is insufficient, attach additional sheets.

Date Office Opening:			
Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	State	Zip Code	
Telephone:	Fax:	E-Mail:	

911 Address – (if different from Mailing address) - Street		
City	State	Zip Code
Designated Licensed Electrologist	License #	
Electrology Office Name		
Mailing Address – Street		
City	State	Zip Code
Telephone:	Fax:	E-Mail:

Provide directions to the location of the Electrology Office

Electrology Office Application
 Vermont Secretary of State – Office of Professional Regulation
 National Life Building, North, FL 2, Montpelier, VT 05620-3402 – 802-828-2191
 E-Mail: lrollins@sec.state.vt.us Web Site: www.vtprofessionals.org

Circle Yes or No. A yes requires a written explanation, and/or other documentation.		
1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes," explain and attach the court documents, if any.</i>	YES	NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES	NO
3. Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES	NO

Circle Yes or No. A yes requires a written explanation, and/or other documentation.		
Answers to these Questions are not subject to public disclosure.		
1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	YES	NO
2. Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If yes, please explain in detail.</i>	YES	NO

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Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions	
Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3133, and 21 V.S.A. § 1378 you are required to answer the following:	
Child Support	You must check one of the statements below regarding child support.
<input type="checkbox"/>	This does not apply to me, because I do not have any children, OR
<input type="checkbox"/>	I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due, OR
<input type="checkbox"/>	I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship

Taxes	You must check one of the two statements below regarding taxes.
<input type="checkbox"/>	All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal.
<input type="checkbox"/>	I am behind in my tax payments, and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.

Unemployment Compensation	You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions.
<input type="checkbox"/>	This does not apply to me, because I am not now, nor have I ever been, an employer.
<input type="checkbox"/>	I do not owe any unemployment compensation, or I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due.
<input type="checkbox"/>	I am behind in my unemployment compensation payments, and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.

Social Security #	Date of Birth
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* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

Statement of Applicant	
I hereby certify under the pains and penalties or perjury, that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration.	
I further certify that I have read and understand the statutes and rules of the profession.	
Signature of Applicant	Date

SAMPLE COPY OF ELECTROLOGY OFFICE INSPECTION REPORT

ELECTROLOGY OFFICE INSPECTION REPORT

DATE OF INSPECTION:

OFFICE INFORMATION	
Name of Office:	Office License Number:
Owner of Office:	
Address of Office:	
Telephone Number:	E-Mail Address:
Designated Licensed Electrologist:	License Number:

NAME OF ALL ELECTROLOGISTS WORKING IN THIS OFFICE		
Name	License Number	License Posted
		Yes No
		Yes No
		Yes No
		Yes No

INSPECTION		
The License of every Electrologists working in this office must be posted and visible to all customers		Yes No
Office license must be posted (when received) and visible to all customers		Yes No
Floors, walls, chairs and other furniture and surfaces are made of cleanable materials		Yes No
Floors, walls and furniture are clean and in good repair		Yes No
Office is well-lit		Yes No

Sink with hot and cold running water in each treatment room	Yes No
Single use paper towels	Yes No
Disposable paper or cloth drapes are used and clean ones are stored in a closed cabinet	Yes No
Disposable medical grade gloves, made of latex or synthetic material are available	Yes No
Heavy-duty, reusable, puncture resistant utility gloves used for housekeeping	Yes No
Puncture proof sharps container with bio-hazard sign	Yes No
Packaged pre-sterilized, disposable, single use needles (probes) are available	Yes No
Forceps, rollers and tips for epilator needle holders are submerged in a fresh protein-dissolving enzyme detergent and water after each use	Yes No
Forceps, rollers and tips for epilator needle (probe) holders are cleaned using an ultrasonic cleaning unit with fresh solution	Yes No
Forceps rollers and tips are packaged, dated, marked with a chemical indicator and sterilized in an autoclave or dry heat sterilizer. If dry heat sterilizers are used, heat-sensitive tips are subjected to an intermediate -level disinfectant. Example would be 70-90% alcohol or 10% bleach solution	Yes No
Forceps and tips are stored in a clean, dry, covered container	Yes No
Cleaning equipment (submersion bin, ultrasonic cleaner, autoclave and/or dry heat sterilizer) is cleaned and dried daily	Yes No
Spore testing is conducted once per month	Yes No
Date of last spore test is available	Yes No
Spore test results are maintained permanently and readily available to the inspector and state upon request	Yes No
Surfaces touched during treatment are decontaminated after each treatment of a client, following manufacturer's instructions for use of product	Yes No
Hand soap	Yes No

Covered waste container	Yes No
FDA approved Autoclave or Dry heat sterilizer	Yes No
Blood spill kit	Yes No
Disinfectant is hospital-grade registered by the EPA	Yes No

STATEMENT OF LICENSED ELECTROLOGIST OR DESIGNATED PERSON OF OFFICE BEING INSPECTED

I HAVE READ THIS INSPECTION REPORT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT I WILL RECEIVE A LETTER BY MAIL, DETAILING THE DISCREPANCIES THAT I MUST CORRECT. I ALSO UNDERSTAND THAT I MUST RESPOND TO THE DISCREPANCY LETTER WITHIN THIRTY (30) DAYS, EXPLAINING WHAT CORRECTIVE ACTION HAS BEEN TAKEN OR WHY I FEEL NO ACTION IS NECESSARY. I UNDERSTAND THAT FAILURE TO RESPOND TO THE DISCREPANCY LETTER WITHIN THIRTY (30) DAYS MAY RESULT IN DISCIPLINARY ACTION AGAINST MY ESTABLISHMENT AND/OR LICENSE. AFTER HEARING AND UPON A FINDING OF UNPROFESSIONAL CONDUCT, AN ADMINISTRATIVE LAW OFFICER MAY DISCIPLINE YOUR LICENSE BY: (1) REVOKING A LICENSE; (2) SUSPENDING A LICENSE; (3) RESTRICTING A LICENSE.

_____ Date: _____
Signature of Licensed Electrologist

_____ Date: _____
Signature of Inspector