



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
Electrologists Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45041
Newark, New Jersey 07101
(973) 504-6377

Licensing Requirements for Electrologist

To be eligible for licensure as an electrologist, an applicant shall fulfill the requirements cited below pursuant to N.J.S.A. 45:9-37.83.

- Must be at least 18 years of age
- Be of good moral character
- **Provide proof of successful completion of high school or its equivalent;** Copy of the actual diploma, high school equivalent diploma/GED is acceptable or high school transcript that shows the date of graduation is acceptable. If the transcript is in a language other than English, an official translation of the foreign document; this must be done by a qualified individual who can attest to its accuracy.

An applicant from a foreign country shall request the high school or the department of education of the country of origin to send proof of successful completion of high school **directly** to the Electrologists Advisory Committee (EAC). If the document is in a language other than English, then please provide an official translation of the foreign document; this must be done by a qualified individual who can attest to its accuracy. Further, the applicant is required to proof its equivalency from an authorized credentialing agency.

- **Provide proof of successful completion of an approved EAC electrology education program and taught by an electrology instructor licensed of 200 hours of instruction in the theory of electrology and 400 hours of instruction in the clinical practice of electrology.** Official transcript must be sent directly from an approved electrology education program. If the electrology education program is completed in another state an electrology education program, please provide a curriculum outline and a letter from the director of the education program for the EAC to determine whether the program is substantially equivalent.
- **Provide proof of having successfully completed and passed the New Jersey Electrology Jurisprudence Examination.**
 - * To become eligible to sit for the examination, the applicant must submit his/her application and applicable fees to the Electrologists Advisory Committee. For a current schedule of upcoming exams, as well as current exam information, please contact the Electrologists Advisory Committee at 973-504-6377.
- **Provide proof of having successfully completed and passed the International Board of Electrologists Certification (IBEC) examination which is administered by the American Electrology Association (AEA).**

To become eligible to sit for the IBEC examination, the applicant must have successfully passed the New Jersey Electrology Jurisprudence Examination. Thereafter, upon completion of the application review process, the EAC will inform approved candidates, by letter, that they may sit for the IBEC examination.

Candidates should thereafter expect to receive both authorization from the AEA testing vendor to sit for the IBEC examination and information regarding the registration process. Candidates will be responsible for paying the required \$153.00 examination fee **directly** to the testing vendor by credit card at the time they register and schedule their exam.

- **Successfully passing a Criminal Background Check.**

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



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Application for Licensure as an Electrologist

Date: _____

A nonrefundable application filing fee of \$100 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address:

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. Do you currently have a child-support obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If "Yes," are you in arrears in payment of said obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

☐ Yes ☐ No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes ☐ No

Applicant’s signature

Date

7. Have you ever changed your name? ☐ Yes ☐ No
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

11. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever been named as a defendant in any litigation related to the practice of electrology or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of electrology or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Licensing requirements for an electrologist.

Please review [N.J.A.C. 13:35-12.6](#)

1. Are you at least 18 years of age? ☐ Yes ☐ No
2. Have you completed high school or its equivalent? ☐ Yes ☐ No
If "Yes," you must submit an official transcript.
3. Have you successfully completed:

An electrology education program accredited by the Council on Accreditation of Electrology Educational Institutions/Programs of the American Electrology Association, or its successor, which includes at least 200 hours of instruction in the theory of electrology and at least 400 hours of instruction in the clinical practice of electrology? ☐ Yes ☐ No

If "Yes," you must submit a copy of the certificate of completion.

4. Have you passed the Certified Professional Electrology examination? ☐ Yes ☐ No

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Electrologists Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Electrologists Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:9-37.76 et seq., together with the Rules and Regulations of the Electrologists Advisory Committee, N.J.A.C. 13:35-12, and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



For office use

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date