



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

ELECTROLOGY PRACTICE COMMITTEE INITIAL APPLICATION FOR ELECTROLOGY LICENSURE

Updated December 2024

PLEASE COMPLETE THE ENTIRE APPLICATION. FAILURE TO COMPLETE THE ENTIRE APPLICATION AND SUBMIT THE REQUIRED SUPPORTING DOCUMENTATION WILL BE CONSIDERED AN INCOMPLETE APPLICATION. INCOMPLETE APPLICATIONS MAY RESULT IN A DELAY IN YOUR APPLICATION BEING REVIEWED OR CONSIDERED BY THE BOARD.

Please type directly into this form, then print out and sign and affix your photo.

Last Name: _____ First _____ MI _____

Home Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Note: Under the Maryland Public Information Act, Md. Code Ann., Gen. Prov. ("Gen. Prov.") §§ 4-101 *et seq.*, the business address of a licensee is public information. See Gen. Prov. § 4-333(b)(2)(ii).

Home Phone: _____ Work: _____ Cell: _____

Personal Email Address: _____

Business Email Address: _____

Note: Under the Maryland Public Information Act, Md. Code Ann., Gen. Prov. ("Gen. Prov.") §§ 4-101 *et seq.*, the business email address of a licensee is public information. See Gen. Prov. § 4-333(b)(4).

Gender: ☐ Male ☐ Female ☐ Other/Decline to answer

4140 Patterson Avenue - Baltimore, Maryland 21215-2254
Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258
www.health.maryland.gov/mbon

Interpreter Services are available upon request.

Date of Birth: _____

(MM/DD/YYYY)

Social Security Number or Individual Tax Identification Number: _____

Please be advised that if you possess a Social Security Number (SSN) or Individual Tax Identification Number (ITIN), then you are required by law to disclose your SSN or ITIN in order to process your application. Applicants who do not possess a SSN or ITIN may apply with alternative documentation permitted by the US Department of Health and Human Services under Section 466(a)(13) of the Social Security Act.

For more information, please see the Board's website at the following address:
<https://mbon.maryland.gov/Pages/individual-taxpayer-identification-numbers.aspx> at:
<https://mbon.maryland.gov/Documents/NOSSN/Affidavit%20for%20applicants%20without%20ITIN%20and%20SSN.pdf>. Please click [Affidavit for Licensing](#) to access the affidavit for licensing document.

***Ethnicity:** Are you Hispanic or Latino origin? ☐ YES ☐ NO ☐ Decline to Answer

***Race:** Multiracial respondents may select all applicable racial categories below:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaii Native or Other Pacific Islander
- ☐ White / Caucasian
- ☐ Decline to Answer

***Authorization:** Md. Code Ann., Health Occ. ("Health Occ.") § 1-218.

SECTION I

EDUCATION (Additional information may be submitted on separate sheet, if needed)

High School: _____ **Year Graduated:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

College: _____ **Year Graduated:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Electrology School: _____ **Year Graduated:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Number of hours for: Theory: _____ Clinical: _____ **Dates of Attendance:** _____

Name(s) of Principle Instructor(s): _____

Please submit an official transcript and a diploma/certificate of completion from each Electrology education program attended.

SECTION II

☐ **YES** ☐ **NO** 1. Are you applying for an initial license by exam? If you answer YES to this question, you do not need to answer the remaining questions in Section II.

☐ **YES** ☐ **NO** 2. Have you practiced electrology in Maryland? License #: _____

Provide location(s) and dates worked: _____

☐ YES ☐ NO 3. If you have practiced electrology in Maryland, do you want to reactivate your Maryland license?

☐ YES ☐ NO 4. Have you practiced electrology in another state? State(s): _____ License #(s) _____

Attach a photocopy of each license held, or other verification for each license held.

Provide location(s) and dates worked: _____

☐ YES ☐ NO 5. If you are licensed to practice electrology in another state, do you want to pursue a Maryland license by waiver?

If yes, an applicant who is licensed in another state shall submit to the Board:

- (a) Verification of the out-of-state license;
- (b) Evidence that you became licensed in the other state after passing in that state, or any other state, an examination that is substantially equivalent to the examination approved by the Maryland Board of Nursing;
- (c) A certificate of completion from each electrology education program attended, including an official transcript or other documentation of the courses that were completed and the number of theory and clinical hours that were completed; and
- (d) Written, verified documentation that you have submitted to a criminal history records check as required by Md. Code Ann., Health Occ. § 8-6B-09(a)(2)(ii) and Code of Maryland Regulations (COMAR) 10.53.02.01.A(2) and 10.53.02.02 by submitting a copy of the criminal history records check receipt, including the tracking number, issued by the Criminal Justice Information System (CJIS) along with your application for licensure. Failure to attach a copy of the CJIS receipt will result in delayed application processing times.

SECTION III

Please answer YES or NO to all questions. If you answer YES to any questions, attach an explanation of each occurrence to the application and include appropriate court documents. A YES answer will not automatically bar you from licensure, but a false answer may result in disciplinary action, including, but not limited to, denial of licensure.

☐ YES ☐ NO Has any licensing board of any jurisdiction, including Maryland, denied your application for licensure, renewal, reinstatement, or taken any action against your license, including but not limited to reprimand, probation, suspension, revocation, or fine?

☐ YES ☐ NO Have you ever pleaded guilty or nolo contendere to, or been convicted of a misdemeanor or a felony, or received a probation before judgment for any criminal act, excluding minor traffic violations, but including DWI or DUI?

☐ YES ☐ NO Have you surrendered or allowed your license to lapse in any jurisdiction?

If you answer "yes" to any of the questions in this section of the application, you must submit a signed and dated explanation and official certified or true test court or other official legal documents, as applicable, showing the facts and circumstances, outcome, and the current status of your case(s). Your application is not complete and cannot be processed until these documents are submitted.

SECTION IV

Affix a recent passport-size photo inside this box and include the date it was taken.



Date of Photo

Note: The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect this form. The Maryland Board of Nursing is a public agency and subject to the Maryland Public Information Act. This form is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected.

I hereby make application to the Maryland Board of Nursing for licensure as an Electrologist. I understand that I may not practice as an Electrologist in Maryland until I have been issued a license to practice by the Maryland Board of Nursing. I affirm under penalty of perjury that the answers to the questions contained in this application are true to the best of my knowledge, information and belief. I will notify the Board of any changes to the answers to any questions in this application while the application is pending. I understand that as an Electrologist, I will be subject to the rules and regulations that apply to the profession under Health Occ. §§ 8-6B-01 *et. seq.* and its underlying regulations, Code of Maryland Regulations 10.53.01 *et. seq.*

Applicant Signature

Date

INSTRUCTIONS

ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING CHECKLIST ITEMS:

- _____ 1. Copy of birth certificate or other legal proof of age such as passport or driver's license.
- _____ 2. Copy of high school diploma or GED.
- _____ 3. Copy of certificate of completion from each electrology institution attended.

- _____ 4. An official transcript from each electrology institution attended must be submitted by the institution directly to the Board.
- _____ 5. Verification of 600-hour Electrology School Program consisting of a minimum of 200 Theory hours and 400 Clinical hours.
- _____ 6. Copy of each prior electrology license, if applicable.
- _____ 7. Copy of any and all documentation indicating successful examination in another state, if applicable.
- _____ 8. Check or money order for \$200.00, made payable to the Maryland Board of Nursing, for the Electrology License Application Fee and the Clinical Examination Fee. **Note:** All fees are non-refundable and non-transferable.
- _____ 9. Recent passport-size photo affixed to this application.
- _____ 10. Tracking number from fingerprint receipt or fingerprint card for criminal history records check. **Note:** All applicants (both exam and waiver) must provide written, verified documentation that you have submitted to a criminal history records check as required by Md. Code Ann., Health Occ. § 8-6B-09(a)(2)(ii) and Code of Maryland Regulations (COMAR) 10.53.02.01.A(2) and 10.53.02.02. Applicants must submit a copy of the criminal history records check receipt, including the tracking number, issued by the Criminal Justice Information System (CJIS) along with your application for licensure. Failure to attach a copy of the CJIS receipt will result in delayed application processing times.
- _____ 11. If applicable, any supporting documentation required by Section III of the application (criminal and disciplinary background).

FOR MBON OFFICIAL USE ONLY:

LICENSE #

Date Received: _____

EXAM SCHEDULE

Fees Enclosed: \$ _____

Written Exam Date: _____

Check / Money Order: # _____

Clinical Exam Date: _____

Documents Acceptable: ____ YES ____ NO

Staff Signature & Date: _____

Remarks: _____
