



APPLICATION FOR INITIAL ELECTROLOGIST LICENSE

NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF HEALTH FACILITIES
 SFN 8039 (7-05)

DEPARTMENT USE ONLY

License Number

Licensure Period

Telephone 701.328.2352

Name			
Home Address		City	State Zip Code
Home Telephone Number	Self Employed <input type="checkbox"/> No <input type="checkbox"/> Yes	Business Name	
Business Address		City	State Zip Code
County		Business Telephone Number	
E-Mail Contact		E-Mail Address	

PLEASE ATTACH DOCUMENTATION ESTABLISHING YOUR QUALIFICATIONS AND ELIGIBILITY FOR A LICENSE AS FOLLOWS:

1. Document verifying applicant is at least 18 years of age.
2. Copy of high school diploma, GED certificate, or certificate from an accredited institution of higher education.
3. Electrology school official transcript.
4. Certificate of completion issued by the school.
5. Addendum to initial license application, curriculum listing (SFN 50035)
6. Submit your written infection control and safety policies and procedures (pursuant to Subsection 33-03-11.1-08.3(b) of the North Dakota Administrative Code.)

EDUCATIONAL BACKGROUND

HIGH SCHOOL(S) ATTENDED	DATES ATTENDED	HIGHEST GRADE LEVEL COMPLETED
COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL(S) ATTENDED	DATES ATTENDED	HIGHEST GRADE LEVEL COMPLETED

