



**APPLICATION FOR INITIAL ELECTRONIC HAIR REMOVAL
TECHNICIAN LICENSE**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH FACILITIES
SFN 8040 (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. Official school transcript.
4. Copy of certificate of completion issued by the school.
5. Letter of recommendation from one instructor knowledgeable in the electronic hair removal process without the use of an electric needle.

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

PLEASE COMPLETE SECTIONS A, B, AND C WITH APPROXIMATE HOURS COMPLETED IN SCHOOL AND EXPERIENCE GAINED ON THE JOB.

SECTION A-THEORY (55 Curriculum Hours Required)

CURRICULUM REQUIREMENT	HOURS COMPLETED	CURRICULUM REQUIREMENT	HOURS COMPLETED
Sanitation & Sterilization As Applied To Electronic Hair Removal Technician		Study of the Peripheral Vascular System (Capillaries)	
Electricity		Study of the Sensory Nervous System (Nerve Endings)	
Dermatology		Hygiene	
Trichology		Provisions of the Electrolysis Law & Rules Pertinent to the Practice of Electronic Hair Removal Technician	
Bacteriology		SUBTOTAL OF SECTION A	

SECTION B-PRACTIAL TRAINING

(130 Hours Required With at Least Two-Thirds of the Hours in the Actual Performance of Service on Another Person)

BRANCHES	HOURS COMPLETED	BRANCHES	HOURS COMPLETED
Sanitation & Sterilization As Applied To Electronic Hair Removal Technician		Immediate After-Care	
Patron Protection		Patron Instruction in Home Care	
Use of Electric Currents		Destruction of the Papilla	
Use of Equipment & Instruments		Observation (Demonstration & Result of Work)	
Precautionary Measure To Observe Before & After Treatment		SUBTOTAL OF SECTION B	

SECTION C-THEORETICAL AND PRACTICAL TRAINING

SUBJECTS	HOURS COMPLETED	SUBJECT	HOURS COMPLETED
Ethics, Professional Conduct (15 hours required)		Optional & Unassigned Hours (10 Hours required)	
		SUBTOTAL OF SECTION C	
		TOTAL OF SECTIONS A,B, & C (200 hours required)	

SIGNATURES AND AFFIDAVIT

The undersigned hereby makes application for a license to practice as an electronic hair removal technician in the state of North Dakota, and is subject to the provisions of North Dakota Century Code Chapter 43-38 and North Dakota Administrative Code Chapter 33-03-11.

Signature Date

State of _____)
County of _____) SS.

On this _____ day of _____, 20_____, before me personally appeared _____

_____ who having been sworn states that to the best of his/her knowledge and beliefs the statements in the foregoing application are true.

(Seal)

Notary Public

My commission expires _____

KEEP ONE COPY OF THIS APPLICATION FOR YOUR RECORDS.

MAIL THE COMPLETED, NOTARIZED APPLICATION, ALONG WITH YOUR \$30.00 CHECK OR MONEY ORDER, TO:

North Dakota Department of Health
Division of Accounting
600 E. Boulevard Avenue Dept. 301
Bismarck, ND 58505 -0200

FOR ACCOUNTING USE ONLY

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