

3859-001	\$550.00
3589-001	200.00
3589-006	5.00
<b>TOTAL</b>	<b>\$755.00</b>



**STATE OF TENNESSEE**  
**DEPARTMENT OF HEALTH**  
**OFFICE OF HEALTH RELATED BOARDS**  
**665 MAINSTREAM DRIVE, 2<sup>nd</sup> FLOOR**  
**NASHVILLE, TN 37243**

**TENNESSEE ELECTROLYSIS REGISTRY**  
**Local Calls (615) 741-3807**  
**Toll Free Calls 1-800-778-4123**  
[www.tn.gov/health](http://www.tn.gov/health)

**APPLICATION TO OPERATE A LICENSED ELECTROLYSIS SCHOOL**

**INSTRUCTIONS**

1. Complete this application, have it notarized, enclose a non-refundable check or money order for \$755.00 payable to the Tennessee Electrolysis Registry, and mail it to the above address.
2. Enclose a copy of your school's curriculum and course outline.
3. This application must be submitted at least ninety (90) days before the proposed date of opening.
4. If you have ever operated a licensed electrolysis school in another state, complete page 4.

School Information:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

Program Director Information:

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Tennessee Electrolysis License # \_\_\_\_\_

Tennessee Instructor License # \_\_\_\_\_

List all states where you currently have, or have ever had a license to operate an electrolysis school:

\_\_\_\_\_

List all electrology instructors affiliated with this school:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### PERSONAL INFORMATION

If any answers are in the affirmative, please explain in detail on a separate sheet of paper and attach to your application {except question #1 which if answered in a negative requires an explanation}. In support of your explanation, the final documents or Orders from the states, courts, or agencies must be submitted as a part of your file. Circle your answer.

- |    |  |            |           |
|----|--|------------|-----------|
| 1. | Are you now in good physical and mental health?  | <b>Yes</b> | <b>No</b> |
| 2. | Has your certificate or license to practice this profession, or any other, in any state ever been denied, suspended, restricted, revoked, or voluntarily suspended under threat of suspension or revocation? | <b>Yes</b> | <b>No</b> |
| 3. | Have you ever been voluntarily admitted to any facility for alcohol, drug or psychiatric treatment?  | <b>Yes</b> | <b>No</b> |
| 4. | Have you ever been diagnosed as needing treatment in or advised to be admitted to any facility for alcohol, drug, or psychiatric treatment?  | <b>Yes</b> | <b>No</b> |
| 5. | Have you ever been convicted of or charged with a felony or a misdemeanor other than a minor traffic violation?  | <b>Yes</b> | <b>No</b> |
| 6. | Have you ever had a judgment rendered against you, or any legal action, settled or <i>pending</i> relating to the performance of your professional service?  | <b>Yes</b> | <b>No</b> |
| 7. | Have you ever applied for a certification or license and been denied for any reason?   | <b>Yes</b> | <b>No</b> |

AFFIDAVIT OF APPLICANT  
APPLICANT'S CONSENT AND RELEASE

In applying for licensure to operate an electrolysis school, I hereby:

**SIGNIFY MY WILLINGNESS** to answer such questions as the Registry may find necessary and which may include a full Registry review.

**AUTHORIZE THE REGISTRY**, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competency, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications;

**CONSENT TO THE RELEASE** of such information;

**RELEASE FROM LIABILITY** the Registry, its staff and all their representatives for their acts performed and statements made in good faith without malice in connection with evaluating my application, my credentials and my qualifications;

**RELEASE FROM LIABILITY** all organizations which provide information in good faith and without malice concerning my professional competency, ethics, character and other qualifications for licensure;

**ACKNOWLEDGE THAT I**, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubt about such qualifications.

In the State of \_\_\_\_\_ and county of \_\_\_\_\_, being duly sworn and identified as the person referred to in this application for a license to operate an Electrolysis School in the State of Tennessee, attest to the truth of each statement made in said application. I further swear that I have read and understand the statutes and regulations which were enclosed in the application packet and agree to abide by them while operating an **Electrolysis School** in the State of Tennessee and acknowledge this instrument executed by me to be my free act and deed.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary's Signature My commission expires \_\_\_\_\_

SEAL

