



## ***North Carolina Board of Barber and Electrolysis Examiners***

7001 Mail Service Center

Raleigh, North Carolina 27699-7000

Office: (919) 814-0640 | Email: electrolysis@nc.gov | bbee.nc.gov

### ***Application for Laser Hair Practitioner License***

Dear Applicant,

Thank you for your request for an application for licensure as a **Laser Hair Practitioner**. This packet contains relevant information about how to obtain a license in North Carolina.

The requirements for application are pursuant to the statutes, rules, and regulations set forth by the NC General Assembly and the NC Board of Barber and Electrolysis Examiners. Please read the rules and instructions prior to applying.

It is the applicant's responsibility to inform the board of name and/or address changes. Please submit such changes in writing to the address listed above or via email.

Every effort will be taken to process your application in a timely manner. If you have any questions please contact the board at the information listed above. We look forward to licensing you in North Carolina.

### **Requirements for Application for Licensure**

*This is not a comprehensive listing of the rules related to application. Please refer to the rules as noted above.*

- All applicants must be 21 years of age
- All documents requested in the Application Check List must accompany this application unless otherwise noted as applicable.
- **An incomplete or partial application packet will be rejected by the board.**

## Application Check List

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- √ Certified copy of birth certificate or other legal proof of age
- √ Copy of NC Electrolysis License and current renewal certification
- √ Copy of certification of completion from each laser institution attended and/or verification of the number of hours completed in theory and clinical training. *(21 NCAC 06U .0102: a certification of 30 hours of laser, light source, or pulsed light treatment certification course approved by the Board that encompasses the laser or light device being used by the laser hair practitioner)*
- √ Support documentation as required in Sections 2-5, if applicable
- √ Passport acceptable photograph taken within the last two (2) years
- √ Copy of Supervisory Agreement between laser hair practitioner and Supervising Physician
- √ Notarized Supervising Physician Verification Letter (Section 8)
- √ Notarized Verification of Applicant Information (Section 9)
- √ Check or money order for **non-refundable** application fee in the amount of **\$125.00** made payable to: **North Carolina Board of Barber and Electrolysis Examiners.**

## Fees (as defined by 21 NCAC 19 .0201)

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Application for licensure as a Laser Hair Practitioner	\$125.00
Renewal of License	\$125.00
Inspection Fee	\$100.00

## Instructions for Completing PDF form

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- The application is an interactive PDF. This means you can click directly onto a field and enter the required information. If you hover over the field with your cursor, a detail of the required information will be displayed.
- Please enter all information and SAVE the PDF file to your computer. There are two options for submitting the form:
  - print the saved document, notarize, and send a scanned copy to the board email: [electrolysis@nc.gov](mailto:electrolysis@nc.gov)
  - or, print the saved document, notarize, and mail to the board at:  
7001 Mail Service Center  
Raleigh, North Carolina 27699-7000



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**Application for Laser Hair Practitioner License**

Date: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female Male

Social Security #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 1 – Practice Information**

Business Type: Self-Employed Employee

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Current Practice Type: Full Service Spa Individual Medical

Address of Practice Setting(s):	% of time at this location

## SECTION 2 – Practice History

NC Electrolysis License Number: \_\_\_\_\_ Date of Renewal: \_\_\_\_\_

1. **Have you ever practiced Laser in North Carolina?** Yes      No  
*If yes, number of years practiced*

\_\_\_\_\_

2. **Have you ever practiced Electrology in another state?** Yes      No  
*If yes, provide the following information for each state:*

STATE	LICENSE #	# YEARS PRACTICED	LICENSE EXPIRE DATE*

*\*If license is current, provide a copy of license with this application*

3. **Have you ever practiced Laser Hair Removal in another state?** Yes      No  
*If yes, provide the following information for each state:*

STATE	LICENSE #	# YEARS PRACTICED	LICENSE EXPIRE DATE*

*\*If license is current, provide a copy of license with this application*

4. **Have you ever been denied a license to practice Electrology or Laser in North Carolina or another state?** Yes      No  
*If yes, provide state, year, and reason for denial.*

\_\_\_\_\_  
 \_\_\_\_\_

## SECTION 3 – Background Information

1. **Have you ever been convicted of a felony or sentenced to more than 30 days in jail for a lesser offense?** Yes      No  
*If yes, please provide details.*

\_\_\_\_\_  
 \_\_\_\_\_

2. **Has your license in North Carolina or any state ever been suspended or revoked?** Yes      No  
*If yes, please provide details.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



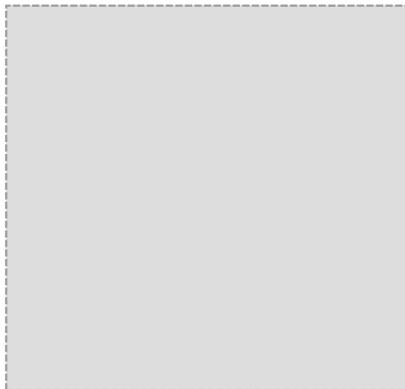
**SECTION 5 – General Equipment Information for Each Device Operated**

RESPONSIBLE PARTY FOR ALL MACHINES:

DEVICE#	TYPE	MANUFACTURER	SERIAL#	CLASS	OPTICAL DENSITY	WAVELENGTH	YEAR PURCHASED
1.							
2.							
3.							
4.							
5.							

*Note: If operating additional devices and/or if operating devices in multiple locations, add supplementary pages listing the devices operated in each location.*

**SECTION 6 - Photo**



All applicants for licensure as a Laser Hair Practitioner shall submit an application on the form provided by the Board, accompanied by proof of being 21 years of age, a passport acceptable photograph taken within the past two years.

**SECTION 7 – Supervising Physician Information**

**Physician Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business City/State/Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current North Carolina Medical Board License No.:** \_\_\_\_\_

**Supervisory Agreement is in Place?**      **Yes**    **No**      **Date of Agreement:** \_\_\_\_\_

**21 NCAC 06U .0102 "Supervisory Agreement" between the laser hair practitioner and a "Supervising Physician" licensed with the North Carolina Medical Board as defined under G.S. Article 1 Chapter 90.**

SECTION 8 – Supervising Physician Verification Letter

LETTER IS TO BE NOTARIZED WITH SUPERVISING PHYSICIAN ORIGINAL SIGNATURE

Date: \_\_\_\_\_

Dear North Carolina Board of Barber and Electrolysis Examiners:

This letter is to verify that \_\_\_\_\_ has completed the  
*Name of practitioner*

requirements to practice laser hair removal per G.S § 86B-56 and will be working under my supervision as provided in 21 NCAC 06U .0102.

\_\_\_\_\_  
*Supervising Physician*

STATE OF NORTH CAROLINA

\_\_\_\_\_ County

I, \_\_\_\_\_ Notary Public

for said County and State, do hereby certify that

*(Official Seal)*

\_\_\_\_\_ personally  
appeared before me this day and acknowledged the due execution  
of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of

\_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_

## SECTION 9 – Verification of Applicant Information

I hereby certify under oath that I am the person named in this application for a license to practice laser hair removal in the State of North Carolina; that all statements I have or shall make with respect thereto are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished to this board with respect to my application; and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every respect.

I acknowledge that I have read the general information and instructions for all applicants and that I have answered all questions in compliance with these instructions and understand that the fee I submitted is neither refundable nor transferable.

I further state that by filing this application for a license to practice laser hair removal in the State of North Carolina, I hereby authorize and consent to have an investigation made as to professional reputation and fitness for the practice of laser hair removal. I agree to give any further information, which may be required in reference to my past record.

I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

I further understand that my application for a license to practice laser hair removal in the State of North Carolina is an ongoing process. I will immediately notify the North Carolina Board of Barber and Electrolysis Examiners in writing of any changes to the answers to any of the questions contained in the application information section of the application if such a change in an answer is warranted at any time prior to licensure being granted to me by the North Carolina Board of Barber and Electrolysis Examiners. I further understand that failure to complete this application as requested by the board *within six months* can be considered abandonment of any request for licensure and that any fee I submitted is neither refundable nor transferable.

I authorize and request every person, governmental agency (local, state, federal), court, association, institution, or law enforcement agency having control of any documents, records and other information pertaining to me to furnish to the North Carolina Board of Barber and Electrolysis Examiners any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the North Carolina Board of Barber and Electrolysis Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent licensure or practice there under.

I hereby release, discharge, and exonerate the North Carolina Board of Barber and Electrolysis Examiners, its agents or representatives and any person, hospital, clinic, governmental agency (local, state, federal), court, association, institution, or law enforcement agency furnishing information, of any and all liability of every nature and kind arising out of investigation made by the North Carolina Board of Barber and Electrolysis Examiners.

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*Laser Practitioner Initials*

I understand that the North Carolina Board of Barber and Electrolysis Examiners may release information (material, documents, orders or the like) relating to my credentials or application for licensure to a governmental or medical board agency (local, state, or federal), as relates to a planned or ongoing investigation into patient care or scope of practice issues.

I further understand that issuance of a certificate to practice a limited branch of medicine in North Carolina will be considered on the truth of the statements and documents contained herein or to be furnished, which if false, can subject me to denial of said certificate.

I hereby make application to the North Carolina Board of Barber and Electrolysis Examiners for examination for license to practice Laser hair removal in the State of North Carolina. I do swear/affirm that the statements made on this application, and attached copies are true and pertaining to the practice of electrology, and fully understand that in receiving a license from the North Carolina Board of Barber and Electrolysis Examiners in the State of North Carolina do pledge to conduct my practice in accordance with the rules and regulations in 21 NCAC 06 as adopted of the profession.

\_\_\_\_\_  
*Signature of Applicant in presence of Notary Public*

\_\_\_\_\_  
*Date*

STATE OF NORTH CAROLINA

\_\_\_\_\_ County

I, \_\_\_\_\_ Notary Public

for said County and State, do hereby certify that

\_\_\_\_\_ personally  
appeared before me this day and acknowledged the due execution  
of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_ .

*(Official Seal)*

\_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_

APPLICATION FOR LASER HAIR PRACTITIONER LICENSE

Applicant Name: \_\_\_\_\_

To obtain a copy of G.S § 86B (the Barber and Electrolysis Practice Act) and the rules in 21 NCAC 06, please refer to the board website at [bbee.nc.gov](http://bbee.nc.gov).

*ATTACH ALL DOCUMENTS AS PROOF TO THIS APPLICATION*

<b>(For Board Use Only)</b>	
License #	_____
License Date:	_____
File #	_____
Comment:	_____ _____ _____

	Fee Received
	Birth Certificate
	LE Verified
	Photo
	Device Listing
	Letter from Supervising Physician
	Supervisory Agreement
	Training List and Documentation