

# INSTRUCTION SHEET

## ELECTROLOGIST

### Acceptance of Examination Endorsement

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

To apply for licensure as an Electrologist in Illinois, read and follow the instructions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. The application which you submit is valid for 3 years from the date of receipt. If you are issued an Illinois electrologist license, please be advised that your license will expire on April 30 of even-numbered years.

All applicants must complete the 4-page application and submit it with the supporting documents required by the licensure method under which application is being made.

## GENERAL INSTRUCTIONS

Complete all applicable information requested on the four-page Application for Licensure and/or Examination.

1. Complete Part I, Application Category Information as indicated below:

***For assistance--Call one of  
the following numbers:***

**1-800/560-6420  
TTY - 1-866/325-4949**

***Please allow 6 weeks from  
mailing your application before  
making an inquiry concerning  
its status.***

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Electrologist	220	Acceptance of Examination	\$125
Electrologist	220	Endorsement	\$125

2. Part II -- Identifying Information -- Enter all applicable information. If the name shown on your application is different from that shown on your supporting documents, you must submit proof of legal name change; i.e., copy of your marriage license, divorce decree, or court order.
3. Part III -- Education Information -- Enter all applicable information requested.
4. Part IV -- Record of Licensure Information--Indicate other states or jurisdictions where you have been licensed to practice the profession for which you are applying, or held a related license. Also, list all other professional licenses held in Illinois.
5. Part V -- Record of Examination(s)--Enter all applicable information requested.

6. Part VI -- Personal History Information -- **Must** be completed by all applicants.
7. Part VII -- Examination Coding Information -- **DO NOT COMPLETE PART VII.**
8. Part VIII -- Child Support and/or Student Loan Information -- **Must** be completed by all applicants.
9. Part IX -- Certifying Statement -- Read the certifying statement and then sign and date application.

### ACCEPTANCE OF EXAMINATION

**If applicant completed an electrology program prior to December 31, 2003, the program may be less than 600 hours.**

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

Individuals wishing to become licensed on the basis of Acceptance of Examination must submit the following:

- a. Four-page Application for Licensure and/or Examination;
- b. **ED (Certificate of Education)** or school transcripts, with seal affixed, to show proof of completion of 600 hours in the study of electrology over a period of not less than 16 weeks nor more than 2 consecutive years at a program approved by the Department.

***If an applicant completed an electrology program prior to December 31, 2003, the program may be less than 600 hours.***

If you did not graduate from an approved electrology program, you must provide a syllabus from the electrology program you completed or school transcripts.

- c. Submit verification of successful completion of the IBEC (International Board of Electrology Certification) examination from the American Electrology Association.
- d. Required fee.

*Send Application, Supporting Documents and Fee(s) to:*

**Department of Financial and Professional Regulation  
Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791**

*Fee--Payment must be in the form of a check or money order made payable to:*

**Department of Financial and Professional Regulation  
All fees are non-refundable.**

## ENDORSEMENT

If applicant completed an electrology program prior to December 31, 2003, the program may be less than 600 hours.

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

*Send Application, Supporting Documents and Fee(s) to:*

**Department of Financial and Professional Regulation  
Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791**

*Fee--Payment must be in the form of a check or money order made payable to:*

**Department of Financial and Professional Regulation**  
**All fees are non-refundable.**

Individuals wishing to become licensed on the basis of Endorsement must submit the following:

- a. Four-page Application for Licensure and/or Examination.
- b. **ED (Certificate of Education)** or school transcripts, with seal affixed, to show proof of completion of 600 hours in the study of electrology over a period of not less than 16 weeks nor more than 2 consecutive years at a program approved by the Department.

*If an applicant completed an electrology program prior to December 31, 2003, the program may be less than 600 hours.*

If you did not graduate from an approved electrology program, you must provide a syllabus from the electrology program you completed or school transcripts.

- c. Submit verification of successful completion of the IBEC (International Board of Electrology Certification) examination from the American Electrology Association.
- d. **CT (Certification of Licensing Agency/Board)** -- If you have ever held a license as an electrologist or a related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.
- e. Required fee.

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

### Licensure Methods

### Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

## REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE  
Department reserves the right to change filing deadlines and fees  
if prevailing circumstances necessitate such action.

### CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Electrologist	220	Acceptance of Examination	\$125.00
Electrologist	220	Endorsement of License	\$125.00
Electrologist	220	Restoration	See Supporting Document <b>RS</b>

### CHART II - EXAMINATION

To register and/or schedule a Licensed Electrologist Examination:

GOTO: <https://www.prometric.com>

Click on: Schedule My Test

From the Directory select: A-C.

Scroll down to: **AEA - American Electrology Association**

Click on: Licensure

Follow the prompts that will take you through the application process.

Please note: **Authorization Number** is not necessary.

PROMETRIC Contact Information

PHONE: 1-800-881-4214.

Hours 8:00AM to 8:00PM Eastern Standard Time.

### REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods (**US ONLY**)

1-800-560-6420

TTY

1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Licensed Electrologist

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

<b>FOUR-PAGE APPLICATION REVIEW</b>	<b>COMPLETED</b>
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
<b>SUPPORTING DOCUMENTS</b>	<b>SUBMITTED</b>
Application Fee	
<b>ED</b> Form with seal and signature affixed; or official transcripts with seal affixed	
<b>CT</b> Form ( <i>original</i> and <i>current</i> state)	
IBEC Examination (if applicable)	

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application.  Military  Military Spouse  Not Military  Decline to Answer  
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |   |  |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.<br><br><input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.<br><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.<br><br><input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. _____ - _____ - _____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ -- _____ Home: (____) _____ -- _____ Fax: (____) _____ -- _____ Fax: (____) _____ -- _____ (Area Code) (Area Code) (Area Code) (Area Code)		12. <b>REQUIRED</b> E-MAIL ADDRESS

NAME (Last, First, MI) :

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12      Graduated High School?     Yes     No      Received OR G.E.D.?     Yes     No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____ / ____ / ____ Month                                  Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)  
1 2 3 4 5 6 7 8      Graduated?     Yes     No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM Month/Year	TO Month/Year	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SS#:

Profession:



**NAME (Last, First, MI):**

**SS#:**

**Profession:**

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART VII: Examination Coding Information *(This part is for examination applicants only)***

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) CHART III - Select the examination site you desire and enter Test Center Code:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) CHART IV - Find your School of Graduation and enter school code:

<input type="text"/>
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d) Record the number of times you have taken this exam in Illinois or any other state:

<input type="checkbox"/>	<input type="checkbox"/>
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**PART VIII: Child Support and Tax Information *(Every applicant is required by law to respond to the following questions)***

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes  No

*(NOTE: If you are not subject to a child support order, answer "no.")*

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes  No

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_

Signature of Applicant Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.



O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

\_\_\_\_\_

Print Name of School Official

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Title

\_\_\_\_\_

Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Profession:

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

**SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT**

**ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.**