



## ***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

### **OUT-OF-STATE LASER SCHOOL APPLICATION**

Dear Applicant,

Thank you for your request for certification as an Out-of-State Laser School. This packet contains relevant information about how to obtain a certification in North Carolina.

The requirements for certification 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 certifying the school in North Carolina.

### **Requirements for Certification**

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

- All documents requested in the Application Check List must accompany this application unless otherwise noted as applicable.
- A school's certification is only valid for the location named in the application.
- **An incomplete or partial application packet will be rejected by the board.**

## Application Check List

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- ✓ Detailed projected floor plan of the institutional area demonstrating adequate school facilities to accommodate students
- ✓ Detailed list of equipment to be used by the students in the practical course of study (see Section 3)
- ✓ Copy of planned Laser curriculum
- ✓ Copy of school manual of instruction
- ✓ Names and qualifications of each instructor & documentation of teaching experience and/or teaching preparation courses (see Section 5)
- ✓ Copy of Student contract and student obligation
- ✓ Statement of the School's overall objectives (see Section 6)
- ✓ Copy of provision/program to guarantee refund of student tuition in the event the school ceases to operate, if applicable (see Section 6).
- ✓ List of library resources including textbooks and audio visual aids (see Section 4)
- ✓ Copy of school brochures including advertising/promotional materials.
- ✓ Copy of lease/agreement for living accommodations; if applicable (see Section 6).
- ✓ Check or money order for **non-refundable** application fee in the amount of **\$425.00** made payable to: **North Carolina Board of Barber and Electrolysis Examiners.**

## Fees

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Application for certification as an out-of-state laser school	\$350.00
Initial certification as an laser school	\$75.00

## 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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### OUT-OF-STATE LASER SCHOOL APPLICATION

#### SECTION 1 - School Information

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

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Years at this address? \_\_\_\_\_ Year School Founded: \_\_\_\_\_

School Phone#: \_\_\_\_\_ School Fax#: \_\_\_\_\_

School Email: \_\_\_\_\_

Website: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_

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

*(if different than above school address)*

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

Owner/Contact Email: \_\_\_\_\_

Is the school licensed or recognized by any other states? Yes No

*If so, list the states and provide name of Agency/Board*

\_\_\_\_\_

**Has the school been involved in a government investigation or has any legal action been taken against the school?**

Yes No

*If so, provide details.*

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**Has a government or regulatory agency ever suspended or revoked the school's license?**

Yes No

*If so, provide details.*

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**SECTION 2 – Other School Information (as applicable)**

*Previous School Address:* \_\_\_\_\_  
(if applicable)

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

*Dates of Previous School:* \_\_\_\_\_

**Do you own or operate a Laser school in another state other than above?** Yes No

*School Name:* \_\_\_\_\_

*School Address:* \_\_\_\_\_

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

*School Phone#:* \_\_\_\_\_ *Year School Founded:* \_\_\_\_\_

**Is the Out-of-State School licensed by the state in which it is located?**

Yes No

*If so, provide the name of Agency/Board*

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**List any other states that recognize the school**

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**Has the school been involved in a government investigation or has any legal action been taken against the school?**

Yes No

*If so, provide details.*

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Has a government or regulatory agency ever suspended or revoked the school's license?

Yes No

If so, provide details.

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**SECTION 3 – School Equipment**

Note: Add additional pages with the same information as needed. Please label additional pages with Section#3.

Type	Manufacturer	Describe use	Year Purchased	Date of Last Maintenance

**SECTION 4 – Library Resources**

Note: Add additional pages with the same information as needed. Please label additional pages with Section#4.

RESOURCE TYPE	TITLE	AUTHOR(S)	PUBLICATION YEAR	PUBLISHER

## SECTION 5 – Instructor(s) Information

*Note: Add additional pages with the same information as needed. Please label additional pages with Section#5.*

*\*Attach copies of Instructors' resumes containing contact information and instructor preparatory courses.*

*\*\*Licensing Authority: Name of State Agency, State Board, Educational authority or other authority granting licenses.*

INSTRUCTOR NAME*	STATE OF LICENSE	LICENSE#	LICENSING AUTHORITY**

## SECTION 6 – Additional Information

**What is offered at graduation?** *(Diploma, Certification, etc.)*

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**Do you have any provisions or programs to guarantee refund of student tuition in the even the school ceases to operate?** Yes      No  
*If YES, attach copy.*

**Does the school provide living accommodations for out of area students?** Yes      No  
*If YES, attach copy of lease/agreement.*

**If YES, is accommodation with school owner or other?**

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**Define the Overall Objectives of the School**

SECTION 7 – Verification of Applicant Information

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 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 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 and/or this school 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 and/or subsequent certification 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.

I hereby make application to the North Carolina Board of Electrolysis Examiners for acceptance as an Electrology School. I do swear that the statements made on this application and any attached copies are true and correct. The school agrees to teach the Infection Control Standards as set by 21 NCAC 06V. The school agrees to prepare students for examination in both written and practical as set by the North Carolina Board of Barber and Electrolysis Examiners.

\_\_\_\_\_  
*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

*(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: \_\_\_\_\_

**OUT-OF-STATE LASER SCHOOL APPLICATION**

**School 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/Cert #:	_____
Certification Date:	_____
Comments:	_____
	_____
	_____
	_____
Date:	_____
File #:	_____