



**North Carolina Board of Barber and Electrolysis Examiners
REQUEST FOR APPROVAL OF CEU COURSE OR PROGRAM**

7001 Mail Service Center, Raleigh, North Carolina 27699-7000

Phone (919) 814-0640 • Fax (919) 981-5068

bbee.nc.gov • electrolysis@nc.gov

SPONSORING ENTITY INFORMATION

Sponsoring entity name: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (optional): _____ Fax (optional): _____

Email (optional): _____

Contact person: _____

ATTACHMENTS

Please attach to this form documentation that shows the following:

- Title of the course or program
- Whether the course or program is for electrology or laser hair practice
- Course or program dates
- Course objective(s)
- Outline of the course's content. *Tip:* please provide plenty of information about the content to avoid the delay of follow-up requests for information or clarification.
- Hours of study for each course topic
- Name, education, and background of each instructor
- Manner of content delivery

We recommend providing the following information for our website (<https://www.bbee.nc.gov/electrologists/continuing-education>). However, this information isn't required.

- Cost

CONTINUED ON THE NEXT PAGE

- Website address where information about the course will be listed
- Website address for your organization
- Whether we can list your email, phone, and address online

Please respond below:

I understand that I must certify to the board the names of all electrologists licensed in North Carolina who attend the program or course and provide their actual hours of attendance.

Yes No

Name and title: _____

Signature: _____