



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
 Phone: (503) 378-8667 | Fax: (503) 370-9004
 Email: hlo.info@odhsoha.oregon.gov | Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	License #:	Staff Initials:

ELECTROLOGY TEMPORARY TRAINEE LICENSE APPLICATION

Applicant Information		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED) :		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL (REQUIRED) :	SOCIAL SECURITY # (REQUIRED) :	
Have you ever been known under any other legal name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all previous full (legal) names below:		
Previous legal name(s):		
Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below (add additional blank page if necessary):		
State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:

Payment Information (complete this section only if submitting payment by mail)

Required Fees: (*The application fee is non-refundable)		
*Application Fee = \$50	License Fee = \$50	Total of \$100
Please check one: <input type="checkbox"/> Credit Card (see below) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order DO NOT MAIL CASH		
Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover (Cardholder must either be the applicant or be present at the time application is submitted). Do not fax or email credit card information (send by way of postal mail).		
Name on card: _____		
Card number: _____ Exp: _____ Authorized amount: \$ _____		
Cardholder signature: _____		

(Do not write in the following section – Office use only)

OTC Verified ID Verified Out-of-state Licensure Type of ID: _____ Appr Code/CK # _____ Staff Initials _____

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.
 Yes No If yes, attach an additional page(s) and provide an explanation.
2. **Have you ever been convicted of a misdemeanor or felony?** Yes No If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).
- | | Year Convicted |
|--|----------------|
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3. **As of today, are you on probation or parole?** Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**
 Yes No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit / Metis / First Nation
- Indigenous Mexican / Central American / South America

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino / Filipina
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/Latina/Latinx

- Central American
- Mexican
- South American
- Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander

- Chamoru/Chamorro
- Guamanian
- Marshallese / Micronesian / Palauan / Tongan
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other: _____
- Unknown
- Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- Yes, please list: _____
- I do not have just one primary racial or ethnic identity
- No, I identify as Bi-racial or Multi-racial
- Not applicable, I only checked one category above
- Unknown
- Decline to answer



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**ELECTROLOGY TEMPORARY TRAINEE AND SUPERVISOR -
 DECLARATION OF RESPONSIBILITY**

Temporary Trainee Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
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Temporary Trainee – Read and Sign

By signing below, I agree to fulfill the requirements of my training by:

- Performing only the services of electrology as defined in Oregon Administrative Rule.
- Working only under the supervision of my Health Licensing Office (HLO) approved supervisor(s) during the duration of my training.
- Developing theory and practical skills by accepting the management, guidance and control over my electrology activities as provided to me by my approved supervisor.
- Notifying the HLO in writing within fifteen (15) calendar days if changes occur in my employment or supervisor status.
- Responding to all requests for information from the HLO related to my training and examination(s).
- Adhering to all standards set forth within Oregon Administrative Rule.

Temporary Trainee Signature:	Date:
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Supervisor Information

SUPERVISOR DESIGNATION (check one):	<input type="checkbox"/> Primary Supervisor	<input type="checkbox"/> Additional Supervisor
SUPERVISOR'S LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ELECTROLOGY LICENSE NUMBER: BAP-E-		
TRAINING FACILITY NAME:	TRAINING FACILITY LICENSE #:	

Supervisor – Qualification Requirements

By signing below, I attest to:

- Having submitted an Electrology Supervisor application and received written approval from the Health Licensing Office.
- Holding an active electrology license with no current or pending disciplinary action.
- Having been actively practicing electrology for at least two-years before the date of application.

By signing below, I attest that I have met the electrology temporary trainee supervisor qualification requirements.

Supervisor Signature:	Date:
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***ELECTROLOGY TEMPORARY TRAINEE AND SUPERVISOR -
DECLARATION OF RESPONSIBILITY (continued)***

Supervisor – Temporary Trainee Supervision Requirements

By signing below, I agree to fulfill the requirements of a supervisor by:

- Supervising only four (4) temporary trainees, at one time, while practical procedures are being performed under direct supervision (a supervisor may have more than four temporary trainees if practical procedures are being performed under indirect supervision).
- Exercising management, guidance, and control over the activities of the temporary trainee; exercise professional judgment and be responsible for all matters relative to the trainee.
- Documenting the work done by the temporary trainee, on a form prescribed by the HLO and maintain the training documentation for a minimum of two (2) years following completion of the training.
- If a trainee has more than one supervisor, one supervisor must be designated as the primary supervisor and is responsible for receiving and maintaining the records of training from all supervisors for the trainee.
- Notifying the HLO in writing within fifteen (15) calendar days if a temporary trainee is no longer being supervised and must provide the number of hours of training completed on a form prescribed by the HLO.
- Responding to all requests for information from the HLO related to the temporary training program and examination(s).
- Adhering to all standards set forth within Oregon Administrative Rule.

By signing below, I attest that I will fulfill the requirements of an electrology temporary trainee supervisor, will provide supervision to the above-named trainee applicant, and will perform all the activities and duties for which I am responsible.

Supervisor Signature:

Date:

APPLICATION REQUIREMENTS

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
_____	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found in the “Payment Information” section on page one of this application.
_____	<p>Submit two forms of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The two forms of ID must be issued by a government agency. • Both the ID’s must include the applicant’s current legal name. • At least one form of ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting photocopies of your ID by mail, legible (clear) front and back copies must be submitted. Submit the copies on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
_____	Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver’s license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
_____	Submit proof of having a high school diploma or equivalent education. If you attended a school outside the U.S., you must have your education evaluated for equivalency. Please contact our office for assistance or clarification of this process.
_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the four questions, your application will be returned to you and cause a delay in qualifying you for certification (licensure).
_____	If you <u>do not</u> have a social security number, have you signed and dated in section 5 on page two of this application? If you do have a social security number that you have provided on page one of this application, do not sign.
_____	Have you signed and dated section 6 on page two of this application? If you fail to sign and date this section, your application will be returned to you and will cause a delay in qualifying you for licensure.
_____	Have you and your Health Licensing Office approved supervisor completed and signed the “Electrology Temporary Trainee and Supervisor Declaration of Responsibility” form included with this application?