



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners

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

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

Temporary Trainee Information		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:

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: