

Florida Department of
Health

Electrolysis Council



APPLICATION FOR INSPECTION FOR ADDING OR SWITCHING TO A NEW ELECTROLOGY MODALITY

The two modalities that electrologists may use are epilator and laser/light based. When a new modality is introduced at an electrology facility an inspection of the new equipment and ancillary supplies (i.e. needles for epilators, safety glasses for laser/light based electrolysis) must be conducted by the Department. This form is used to notify the Department that a new modality will be used at the facility so that it can schedule an inspection.

Please complete this form and submit it to the Department. If your application is properly completed the Department will send notification that an inspection has been requested to ensure compliance with the applicable requirements. Upon completion of the inspection, the new modality may be used at the facility. If an inspection has not occurred within 60 days, you may notify the Department at 850-245-4373 or via e-mail to mqa.electrolysis@flhealth.gov.

Submit initial application to:

Regular Mailing Address:

Department of Health Electrolysis Council
4052 Bald Cypress Way, Bin C05
Tallahassee, FL 32399-3255

Overnight/Special Delivery Mailing Address:

Department of Health Licensure Services
4052 Bald Cypress Way, BIN C99
Tallahassee, FL 32399-3299

Facility License Number: EP _____

COMPLETE FACILITY NAME: _____

PHYSICAL LOCATION OF FACILITY: _____ Suite: _____
City: _____ State: _____ Zip: _____ County: _____

MAILING ADDRESS (if different from facility): _____
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
FACILITY NUMBER: (____) _____ - _____ FACILITY FAX: (____) _____ - _____

CORRESPONDENCE VIA E-MAIL:
(Please print legibly. By checking "yes" you are agreeing to allow the council office to contact you with information regarding your application via email. If you choose this option please check your email account frequently and notify the council office of any change to your email address.)
 YES NO Email Address*: _____ @ _____
**Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.*

If the FACILITY OWNER is a DOH licensed electrologist, please give the license number: EO _____

Current Modality: Epilator Only Laser/Light-Based Only
New Modality: Epilator Laser/Light-Based
Adding or Switching Exclusively to the New Modality? Adding Switching
Anticipated Date To Start Use of New Modality: ____/____/____
Anticipated Hours of Operation of Electrology Facility:
please list actual hours in the space provided by each day. If you will not be open, please write "N/A." If by appointment only, indicate with "Appt."
Mon: ____ - ____ Tues: ____ - ____ Wed: ____ - ____ Thurs: ____ - ____ Fri: ____ - ____ Sat: ____ - ____
Sun: ____ - ____

Please list the full names and license numbers of any and all electrologists who will be practicing the new modality in the facility, including the facility owner if that owner is still or will be a licensed electrologist:

| | |
|-------------|--------------------------|
| Name: _____ | License Number: EO _____ |
| Name: _____ | License Number: EO _____ |
| Name: _____ | License Number: EO _____ |
| Name: _____ | License Number: EO _____ |

APPLICANT CERTIFICATION

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

I, _____, state that I am the owner of the Electrology Facility referred to in the foregoing application and any supporting documentation and that said application and any supporting documentation are true and accurate.

I have carefully read the instructions and questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application or in any supporting documentation, I acknowledge that such an act constitutes cause for denial, disciplinary action, suspension or revocation of my license to own and operate an Electrology Facility under Chapter 478, Florida Statutes, in the State of Florida. I further state that I have read and understood Chapter 478, Florida Statutes, and rules 64B8-50 through 56, Florida Administrative Code, and acknowledge that I must abide by them.

Signature of Facility Owner (required)

_____/_____/_____
Date Signed (required)