

# INFORMATION and INSTRUCTIONS

## NEW FACILITY

- OR -

## NEW OWNERSHIP

- Licensure is required for new facilities or existing licensed facilities that have new owners.
- A new application must be submitted when ownership changes.
- No license for operation of an electrology facility may be transferred from the name of the licensee to the name of another person. If a facility is sold, the new owner must apply to the Department for licensure and no electrolysis services may be performed in the facility after the sale until the new owner has received the required license from the Department. A person purchasing an electrology facility may apply to the Department for licensure prior to the date of purchase.
- While the general rule is that all electrology facilities must be licensed, a facility that is located in a doctor's office or other medical facility may not be required to be licensed under certain conditions. In order to assist the Electrolysis Council in making this determination, please complete the Employment Verification Form supplied in the attached Supplemental Documentation Section. If it is determined that your facility is exempt from licensure, any applicable fees will be refunded to you.
  - If there is any change in employment status in an exempt facility (such as changing from employee to independent contractor), you must notify the council office at once to determine whether licensure will be required.
- Required equipment and safety and sanitary requirements are listed in Rule 64B8-51.006, F.A.C., (attached). Compliance with these requirements is mandatory upon inspection.
- Practicing in or allowing the practice of electrolysis in an unlicensed facility is punishable by a fine from \$250 to \$5,000 and other disciplinary penalties up to denial of licensure of the facility. The electrologist as well as the facility owner may be fined and/or disciplined by the Board of Medicine.
- Upon completion of the application and prior to licensure, the department will make arrangements to send an inspector from the Department of Health to the facility to determine compliance with the law and rules.
- The inspector will have an inspection form upon which compliance is documented. A copy will be supplied to the applicant by the inspector. This form must be displayed in a conspicuous location within the facility.
- When the department determines that the proposed electrology facility has met the requirements set forth by rule, the applicant will be issued a license.
- When an applicant fails to meet all the requirements provided in this section, the agency shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements shall be precluded from reapplying for licensure.

**Please see Page Six for the New Facility or New Ownership Application**

# **INFORMATION and INSTRUCTIONS**

## **TRANSFER OF FACILITY**

- When a licensed facility is transferring locations, the old facility license must be surrendered with the transfer of location application.
- Required equipment and safety and sanitary requirements are listed in Rule 64B8-51.006, F.A.C., (attached). Compliance with these requirements is mandatory upon inspection.
- Upon completion of the transfer of location application, the council office will notify the applicant (facility license holder) that a request for inspection has been made. Upon receipt of the completion letter, electrolysis services may be performed in the new location up to 60 days, commencing with the first day of practice in the new facility.
- Please notify the council office if your facility is not inspected within 60 days.
- The inspector will have an inspection form upon which compliance is documented. A copy will be supplied to the applicant (facility license holder) by the inspector. This form must be displayed in a conspicuous location within the facility.
- When the department determines that the transferred facility has met the requirements set forth by rule, a new license will be issued.
- If a transferred facility does not meet the requirements upon inspection set forth by rule, a new license will not be issued until the specific requirements have been met.

**Please see Page Eight for the Transfer of Facility Application**

## APPLICATION PROCESSING

- The application fee, inspection fee, and initial licensure fee are listed on the first page of the application form.
- All fees are payable by check or money order made out to: **Department of Health**. (DO NOT SEND CASH.)
- The application fees are non-refundable. If requested, the licensure fee may be refunded to you, if you are denied licensure, or if you decide to withdraw your application.
- If incomplete, the application and fee may not be used for more than one year from the date of original submission of the application and fee.

### Submit initial application, supporting documents and fees to:

Materials with fees sent  
via regular mail delivery:

Department of Health  
Electrolysis Council  
PO Box 6330  
Tallahassee, FL 32314-6330

Materials with fees sent  
overnight, special delivery, etc.

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

Materials without fees

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

## GENERAL LICENSURE INFORMATION

- All facility licenses expire on May 31<sup>st</sup> of every even numbered year. The expiration date is printed on the license.
- Failure to renew the facility license by May 31<sup>st</sup> of every even numbered year will render the license delinquent. Failure to renew within 6 months of the expiration date will render the license null and void. The facility will no longer be licensed and all electrolysis practice must cease.
- In order to regain the license after voiding, the owner must completely re-apply and be inspected before the license can be issued and practice in that facility recommenced.
- It is the responsibility of the licensee to ensure that the facility is renewed timely, regardless of whether a renewal notice is received or not.

## ELECTROLOGY FACILITY REQUIRED EQUIPMENT CHECKLIST

**The following requirements must be fulfilled by an electrology facility in order to pass inspection. Use this checklist to ensure compliance. All of the items below must be in the facility at the time of inspection, unless otherwise noted. See Rule 64B8-51.006, Florida Administrative Code, for more information.**

NOTE: Compliance with these requirements will be verified by inspectors of the Department of Health PRIOR to initial license. Licenses will be issued upon notification to the council office of the facility passing inspection. No inspection will be passed and no license issued to any electrology facility that does not meet these requirements.

- An FDA registered needle-type epilation device in working order.
- Clean and sterile needles/probes and forceps/tweezers.
- Needle holder tips.
- A treatment table or treatment chair with a non-porous surface capable of being disinfected.
- Disposable paper drapes or sanitary cloth drapes stored in a closed container or compartment.
- Sanitary waste receptacles for the disposal of used gloves, paper supplies, cotton balls, and other noninfectious items.
- Single use, disposable towels.
- A sharps container for disposal of used needles/probes.
- A treatment lamp or magnifier lamp capable of being cleaned with disinfectant.
- A magnifying device which shall be a magnifier lamp, optical loupe or microscope capable of being cleaned and disinfected.
- Tuberculocidal hospital grade disinfectant registered by the Environmental Protection Agency, household bleach or wiping cloths pre-saturated with disinfectant for wiping non-porous surfaces.
- If eye shields are used, eye shields capable of being cleaned with disinfectant. Please note that eye shields are not a mandatory item.
- Covered containers for needles/probes and forceps/tweezers which containers are capable of being cleaned and sterilized.
- Betadine, 3% U.S. Pharmaceutical grade hydrogen peroxide, or 70% isopropyl alcohol, or wrapped single use wipes saturated with 70% isopropyl alcohol.
- Clean, non-sterile cotton balls.
- If cloth towels are used, they shall be laundered and sanitized, stored in a closed container or compartment, and there shall be covered sanitary container for holding used cloth towels. Please note that it is not mandatory that cloth towels be present or used in a facility.
- A sterilizer which shall be either an autoclave or a dry heat sterilizer, and color change indicators for use with either sterilizer. The endodontic dry heat "glass bead sterilizer" shall not be used for instrument sterilization.
- Monthly records of sterilizer biological test monitoring which shall be made available to the Department upon request. New facilities must have the necessary equipment to commence monthly monitoring upon licensure.
- A holding container for soaking and cleaning contaminated instruments.
- Non-sterile disposable examination gloves.

## ELECTROLOGY FACILITY SAFETY AND SANITARY REQUIREMENTS CHECKLIST

**The following requirements must be fulfilled by an electrology facility in order to pass inspection. Use this checklist to ensure compliance. See Rule 64B8-51.006, Florida Administrative Code, for more information.**

NOTE: Compliance with these requirements will be verified by inspectors of the Department of Health PRIOR to initial license. Licenses will be issued upon notification to the council office of the facility passing inspection. No inspection will be passed and no license issued to any electrology facility that does not meet these requirements.

- An electrology facility shall be clean, sanitary, and well-lit. It shall also allow for circulation of air sufficient to eliminate odors.
- Any room wherein electrolysis is performed shall have four fixed, permanent walls, at least six feet tall from the floor and shall have doors capable of being locked. A permanent wall means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to the electrology facility floor. This requirement shall not apply to electrology facilities which are located in an electrolysis training facility so long as the unwallled area where electrolysis is performed is used for instructional purposes only.
- There shall be a sink with hot and cold running water within the electrology facility. This sink may also serve as the sink in the toilet and lavatory facilities required under paragraph (3)(c) of this rule.
- The following documents shall be displayed in an area that is visible to the general public entering the facility:**
  1. The electrology facility license.
  2. The current license of the electrologist.
  3. The most recent inspection sheet from the Department of Health.
  4. A current copy of rule 64B8-51.006, F.A.C.
- Toilet and Lavatory Requirements. Each electrology facility shall provide, on the premises or in the same building, a separate room containing toilet and lavatory facilities which shall have at least one toilet and one sink with running water and shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, disposable towels or wall-mounted electric blow dryer and a waste receptacle. The toilet and lavatory facilities and all fixtures and components shall be clean, in good repair, well-lighted and adequately ventilated to remove objectionable odors.
- No animals shall be allowed to enter or be in the room wherein electrolysis is performed except those trained to assist the hearing impaired, visually impaired, or the physically impaired.
- An appointment book shall be maintained and kept on the electrology facility premises which list the name of each person who has received electrolysis treatment.

**Mailing Address for Application and Fees**

P.O. Box 6330  
Tallahassee, FL 32314-6330

**Mailing Address for Supporting Documents**

4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255  
(850) 245-4373 • Fax: (850) 414-6860

## FACILITY APPLICATION

New Facility or New Ownership

- ⇒ An electrolysis facility is defined as that portion of any establishment or place wherein electrolysis is performed.
- ⇒ It may be part of an existing facility, such as a cosmetology salon, and may be located in a residence.
- ⇒ All electrolysis training programs must be licensed as electrolysis facilities.
- ⇒ The electrolysis facility **MUST** be licensed **PRIOR** to opening the facility and offering electrolysis services.
- ⇒ No license for an electrolysis facility may be transferred from the name of the original license to another.
- ⇒ A new application must be submitted when ownership changes.
- ⇒ An application for Transfer of Location must be submitted **prior** to the moving of an existing licensed facility.

**APPLICATION TYPE... CHECK ONLY ONE**

- New Facility:** \$305 total (\$100 application fee; \$100 inspection fee; \$100 licensure fee; \$5 unlicensed activity fee), **or**
- New Ownership:** \$305 total (\$100 application fee; \$100 inspection fee; \$100 licensure fee; \$5 unlicensed activity fee)

**FACILITY INFORMATION**

**COMPLETE FACILITY NAME** (as it should appear on license): \_\_\_\_\_

**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:** \_\_\_\_\_ @ \_\_\_\_\_

**OWNER'S ADDRESS INFORMATION:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNER'S NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      **OWNER'S FAX NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**OWNER EO NUMBER (IF APPLICABLE)**

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

**ANTICIPATED OPENING DATE AND HOURS OF OPERATION**

Anticipated Opening Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Anticipated Hours of Operation: *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: \_\_\_\_ - \_\_\_\_

**BUILDING TYPE**

Please indicate the type of building where the FACILITY will be located:

- Office Building
- Shopping Center/Department Store
- Home/Residence
- Physician's Office\*
- Medical Facility\*
- Cosmetology Salon/Barber Shop
- Health Club/Spa
- Other: \_\_\_\_\_

\*If you checked "Physician's Office or Medical Facility," are you or will you be employed be a physician of medical facility?

YES  NO (If you answered "YES," have the physician or medical facility complete the attached Employment Verification Form.)

**PREVIOUS OWNERSHIP**

Has the facility ever been previously owned?  YES  NO (If you answered "YES," please answer the questions below.)

Name of Previous Owner: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ License Number of Facility: EP \_\_\_\_\_

**LICENSED ELECTROLOGIST**

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

Name: \_\_\_\_\_ License Number: EO \_\_\_\_\_

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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 hereby affirm 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)

Florida Department of Health  
Electrolysis Council

**Mailing Address for Application and Fees**

P.O. Box 6330  
Tallahassee, FL 32314-6330

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(850) 245-4373 • Fax: (850) 414-6860

Facility License Number Being Transferred: **EP** \_\_\_\_\_

# FACILITY APPLICATION

Transfer of Location

- ⇒ It is illegal to operate an electrology facility in the State of Florida without the appropriate license first issued by the Department of Health and the Electrolysis Council of the Board of Medicine.
- ⇒ No license for an electrology facility may be transferred from the name of the original license to another.
- ⇒ Once the transfer of location application, documentation and fees are received, processed and approved by Council staff, electrolysis services may be offered in the new location prior to inspection for a period of 60 days in the new facility.
- ⇒ An application for Transfer of Location must be submitted PRIOR to moving of an existing licensed facility.

**FEES**

**Transfer of Facility: \$200 total** (\$100 application fee; \$100 inspection fee)

**Note:** Electrology facility licenses expire on May 31<sup>st</sup> of every even numbered year; if the license is not renewed by that date, the license will become delinquent for six months and then become null and void.

**FACILITY INFORMATION**

**COMPLETE FACILITY NAME** (as it should appear on license): \_\_\_\_\_

**NEW PHYSICAL LOCATION OF FACILITY:** \_\_\_\_\_ Suite: \_\_\_\_\_

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

**MAILING ADDRESS** (if different from facility): \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FACILITY NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **FACILITY FAX:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

The **FACILITY** is owned by (check one):  **Sole Owner**  **Partnership**  **Corporation**

**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:** \_\_\_\_\_ @ \_\_\_\_\_

**OWNER'S ADDRESS INFORMATION:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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- Cosmetology Salon/Barber Shop
- Health Club/Spa
- Other: \_\_\_\_\_

\*If you checked "Physician's Office or Medical Facility," are you or will you be employed be a physician of medical facility?

YES  NO (If you answered "YES," have the physician or medical facility complete the attached Employment Verification Form.)

**LICENSED ELECTROLOGIST**

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

Name: _____	License Number: EO _____
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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 hereby affirm 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)