



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION ELECTROLOGIST

AFFIDAVIT

I, _____, being duly sworn,

attest that:

1. I am an electrologist licensed in the State of Connecticut.
2. During the exemption period from _____ to _____
I did not/will not actively engage in the practice of electrology in the State of Connecticut.
3. I, therefore, claim an exemption for the above-specified period from the Department of Public Health Regulations Section 20-275b-1 through 20-275b-5 which specifies that each licensee actively engaged in the practice of electrology must complete a minimum of 10 contact hours during the preceding registration period.
4. I understand that, should I resume the practice of electrology in the State of Connecticut, I would be required to complete the requirements listed in Section 20-275b-7 of the Department of Public Health Regulations.
5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Connecticut Electrologist License Number

Subscribed and Sworn before me this

_____ day of _____, 20____.

Notary Public



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