

Certification Application

Iowa Board of Examiners for Cosmetology Arts and Sciences

Iowa Department of Public Health/Professional Licensure Bureau
Lucas Bldg., 5th Fl./Des Moines, IA 50319-0075 www.idph.state.ia.us/licensure

Iowa laws and rules governing the practice of cosmetology requires the following:

Estheticians must be certified by the board prior to performing microdermabrasion, using a certified laser product or an Intense Pulse Light (IPL) device.

Cosmetologists must be certified by the board prior to performing chemical peels, microdermabrasion, using a certified laser product or Intense Pulse Light (IPL) device. **Cosmetologists licensed after July 1, 2005 are not eligible for certification.**

Electrologists must be certified by the board prior to utilizing a certified laser product for hair removal or an Intense Pulse Light (IPL) device.

Each and every certification request requires submission of a \$25 fee and evidence of additional training and certification on the use of the product.

If you wish to perform the services listed above, you must apply for certification by completing this application for each certification that you are applying for.

ESTHETICIAN I am applying for certification to:	COSMETOLOGIST I am applying for certification to:	ELECTROLOGIST I am applying for certification to:
<input type="checkbox"/> Administer microdermabrasion. Evidence of additional training and certification on the use of microdermabrasion is enclosed. <input type="checkbox"/> Use a certified laser product. Evidence of additional training and certification on the use of a certified laser product with a safety training component and fundamentals of non-beam hazards, management and employee responsibilities relating to control measures and regulatory requirements is enclosed <input type="checkbox"/> Use of an Intense Pulse Light device(IPL). Evidence of additional training and certification on the use of an Intense Pulse Light (IPL) device with safety training component and fundamentals of nonbeam hazards, management & employee responsibilities relating to control measures and regulatory requirements is enclosed.	<input type="checkbox"/> Administer chemical peels. Evidence of additional training and certification on the use of chemical peels is enclosed. <input type="checkbox"/> Administer microdermabrasion. Evidence of additional training and certification on the use of microdermabrasion is enclosed. <input type="checkbox"/> Use a certified laser product. Evidence of additional training and certification on the use of a certified laser product with a safety training component and fundamentals of non-beam hazards, management and employee responsibilities relating to control measures and regulatory requirements is enclosed. <input type="checkbox"/> Use an Intense Pulse Light device (IPL). Evidence of additional training and certification on the use of an Intense Pulse Light (IPL) device with safety training component and fundamentals of non-beam hazards, management & employee responsibilities relating to control measures and regulatory requirements is enclosed	<input type="checkbox"/> Use a certified laser product for hair removal. Evidence of additional training and certification on the use of a certified laser product with a safety training component and fundamentals of non-beam hazards, management and employee responsibilities relating to control measures and regulatory requirements is enclosed. <input type="checkbox"/> Use an Intense Pulse Light device (IPL). Evidence of additional training and certification on the use of an Intense Pulse Light (IPL) device with safety training component and fundamentals of non-beam hazards, management & employee responsibilities relating to control measures and regulatory requirements is enclosed.

Signature required on the back

I attest that the foregoing documentation that I submitted contains no willful misrepresentation and is true in every respect. I have read and understand the board's rules found in Iowa Code 157.3A and 645 IAC Chapter 60. I understand that should an investigation at any time disclose otherwise, I may face disciplinary action against my license.

1. _____ 2. _____
Name (Please Print) *Signature*

3. _____
Mailing Address

4. _____
City, State, Zip Code

5. _____ 6. _____ 7. _____
Daytime Phone (Including Area Code) *Date* *License Number*

FOR OFFICE USE ONLY

Approved _____	Denied _____	Pending _____	Date _____
Reason _____			