



**Secretary of State
Office of Professional Regulation**

**ELECTROLOGIST
Verification of Education**

Complete the applicant section of this form and forward it to the school where you received your education.

First Name (Legal name no nicknames)	MI	Last Name & Title (Jr., Sr., II, III, etc.)

Previous Name(s) (Maiden)	
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Mailing Address:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

Date of Birth	Date Graduated

I hereby authorize the _____ Electrology School to furnish to the Vermont Office of Professional Regulation the information requested below.

Applicant Signature: _____ **Date:** _____

Name of Electrology School	Location (City/State)
Was the course of study at least 600 hours?	YES NO
Does this course of study meet or exceed the standards set by the American Electrology Association?	YES NO
Date this applicant graduated from this program.	

(OFFICIAL SEAL)	_____ Signature of Authorized Officer Completing Form Date _____
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