



Texas Department of Licensing and Regulation
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.laserhair@tdlr.texas.gov

LASER HAIR REMOVAL CERTIFYING ENTITY APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in **black ink**. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together. **Do not use staples.**

Applicant must meet all requirements for certifying entities found in 16 Texas Administrative Code, Chapter 118.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS.

1. CERTIFYING ENTITY/PROGRAM NAME – Full legal name of certifying entity/program.
2. PHONE NUMBER - Write the telephone number, including the area code, of the certifying entity.
3. FAX NUMBER - Write the fax number, including the area code, of the certifying entity listed.
4. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
5. PHYSICAL ADDRESS - Write the physical address of the certifying entity/program. A post office box cannot be used for this address.
6. CONTACT PERSON: List the name of the individual who has authority to communicate with TDLR representatives concerning the certifying entity.
7. CONTACT PERSON'S PHONE NUMBER – Provide a phone number for contact person.
8. CONTACT PERSON'S EMAIL ADDRESS – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. CONTACT PERSON'S MAILING ADDRESS: – List the name of the individual that is designated as the contact person for the certifying entity.
10. TYPE OF ACTION – Select the type of action – New Application or Amendment. An amendment must be submitted if any of the information for the certifying entity changes. Provide updated information on the application and attach additional documentation if necessary.
11. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

CERTIFYING ENTITY REQUIREMENTS FOR APPROVAL

In accordance with 16 Texas Administrative Code, Chapter 118, applicants must meet certain criteria to be approved by TDLR. Documentation showing how the applicant meets the requirements below must be submitted with the application.

Applicants must submit documentation to prove that they meet the following requirements:

1. the organization is a non-governmental organization such as a society, association, business, or school that has an interest in or whose members participate in, or have an interest in, the field of laser hair removal;
2. if a society or association, make its membership available to the general public nationwide that is not restricted because of race, color, religion, age, national origin or disability;
3. if a society or association, have a certification program open to nonmembers, as well as members;
4. be an incorporated, nationally recognized entity in good standing, that is involved in setting national standards of practice within its fields of expertise;
5. have an adequate staff, a viable system for financing its operations, and a policy- and decision-making review board;
6. have a set of written organizational by-laws and policies that provide adequate assurance of lack of conflict of interest and a system for monitoring and enforcing those by-laws and policies;
7. have a committee, whose members can carry out their responsibilities impartially, to review and approve their certification guidelines and procedures, and to advise the organization's staff in implementing the certification program;
8. have a committee, whose members can carry out their responsibilities impartially, to review complaints against certified individuals and to determine appropriate sanctions;
9. have written procedures describing all aspects of its certification program, maintain records of the current status of an individual's certification and the administration of its certification program;
10. have procedures to ensure that certified individuals are provided due process with respect to the administration of a certification program, including the process of becoming certified and any sanctions imposed against certified individuals;
11. have procedures for proctoring examinations, including qualifications for proctors. These procedures shall ensure that the individuals proctoring each examination are not employed by the same company or corporation (or a wholly-owned subsidiary of such company or corporation) as any of the examinees;
12. exchange information about certified individuals with the agency and other certifying entities and allow periodic review of its certification program and related records by the agency; and
13. provide a description to the agency of its procedures for choosing examination sites and for providing an appropriate examination environment.

Applicants must submit documentation to prove that the certification program:

1. requires applicants for certification to:
 - (A) receive training in the topics specified in §118.33(e); and
 - (B) satisfactorily complete a written examination covering these topics.
2. requires applicants for certification to provide documentation that demonstrates that the applicant has:
 - (A) received training in the topics specified in §118.33(e); and
 - (B) satisfactorily completed a minimum period of on-the-job training.
3. includes procedures to ensure that all examination questions are protected from disclosure;
4. includes procedures for denying an application and revoking, suspending, and reinstating a certificate;
5. provides a certification period of not less than 3 years nor more than 5 years;
6. includes procedures for renewing certifications and, if the procedures allow renewals without examination, require evidence of recent full-time employment and continuing education hours as required by this chapter; and
7. provides a timely response to inquiries from members of the public about an individual's certification status.

Applicants must submit proof that the examination administered or used by the certifying entity is designed to test an individual's knowledge and understanding of at least the topics specified in §118.33(e).



LASER HAIR REMOVAL CERTIFYING ENTITY APPLICATION

DO NOT WRITE ABOVE THIS LINE

This application must be completed and accompanied with documentation to prove that the applicant meets all requirements in 16 Texas Administrative Code, Chapter 118.

1. Certifying Entity/Program Name: (Include DBA, if applicable)

2. Phone Number:

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Area Code Number

3. Fax Number:

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Area Code Number

4. Mailing Address:

(P.O. Box, Number and Street Name)

City

State

Zip Code

5. Physical Address (PO Box cannot be used for this address):

(Number and Street Name)

City

State

Zip Code

6. Contact Person:

Name: (please Print) _____

7. Contact Person's Phone Number:

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Area Code Number

8. Contact Person's Email Address:

(Ex: johndoe@aol.com) See Instructions sheet for Disclosure)

9. Contact Person's Mailing Address: (not residential)

(P.O. Box, Number and Street Name)

City

State

Zip Code

10. Type of Action: (Check all that apply)

New Application

Amendment

Name Change Contact Person Change Address Change Other _____

11.

STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules of the Laser Hair Removal Program including Health and Safety Code, Chapter 401, §§401.501-401.522; Occupations Code, Chapter 51; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 118. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the possible imposition of administrative penalties.

Type or Print Name

Type or Print Title

Signature of Applicant

Date