

## APPLICATION FOR ELECTROLOGIST PRECEPTORSHIP

Print or type answers to all questions on this form in full. Return to the address provided at the top of this form.

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip

PRACTICE ADDRESS: \_\_\_\_\_  
Street City State Zip

OKLAHOMA LICENSE NUMBER: \_\_\_\_\_

HISTORY OF PRACTICE IN OKLAHOMA				
FROM MO/YR	TO MO/YR	CITY	MODALITIES USED	EMPLOYER/PRACTICE, ACTIVITY, ETC.

<b>QUALIFICATIONS AND GUIDELINES FOR AN ELECTROLOGY PRECEPTORSHIP</b>
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To qualify, a preceptorship must meet the following qualifications:

(a) **Preceptorship.**

- (1) Must be a least one year in length covering a curriculum of study and internship established by the Board.
- (2) Must be a minimum of 600 hours of study and clinical practice under the direct supervision of a preceptor. At least 50 of the 600 hours must be spent in each modality (Galvanic, Thermolysis, and the Blend).

(b) **Preceptors.**

- (1) Preceptors must be licensed electrologists approved by the Board who have actively practiced in the state for at least four years (at least two years immediately prior to beginning as a preceptor).
- (3) Preceptors must make the training facilities available for inspection upon request by members of the Board, the Committee or their representative.
- (4) Preceptors must teach on modern equipment, in good working condition, as verified by submission of the equipment manufacturer's recommended maintenance schedule and proof of continued compliance with that schedule.
- (5) Hygienic practices must conform to the Oklahoma Infection Control Standards for Electrologists.

"I, the undersigned, swear and affirm that the contents of this application are true. I have read and understand the qualifications and guidelines for an electrologist preceptorship. All information supplied herein may be verified by the Oklahoma Board of Medical Licensure and Supervision."

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Signature of applicant