



CANADIAN ORGANIZATION OF
PROFESSIONAL ELECTROLOGISTS

Application for Membership

Questions: If you have questions or concerns regarding your membership application, please contact the Membership Chairperson at the information listed below:
Triva Baker, CE – COPE National Membership Chairperson
Phone: 1-250-692-6879 HYPERLINK“mailto:info@electrolysis.ca info@electrolysis.ca

Please check only one (1) box below:

- New Member:** Dues are due on or before March 1st for the period of March 1st through February 28th of every year. Yearly dues for this period are **\$175.00**. If you are applying for membership in any other month than March, please contact the Membership Chairperson for your prorated amount due.
- Student fees:** If application is received by the Membership Chairperson within 3 months of the student's graduation, the dues are **\$87.50**. If your application received prior or after March 1st of any given year, please contact the membership Chairperson for a prorated amount.
- Prorated Dues:** Dues are pro-rated @ \$18.00 per month for every month up to and including the month of February. Please contact the Membership Chairman to calculate the correct prorated dues to include with your application.
- Late Dues:** On March 30th of every year, Members are invoiced for the \$25.00 late fee, in addition to their yearly dues. The late fee plus the yearly dues must be paid in full within 3 months or members become in arrears.
- Arrears:** If dues are more than 3 months in arrears a delinquent Member must pay \$200.00 for every year member is delinquent (to a maximum of \$400). After a two year period a delinquent member must reapply for membership.

NOTE: Certain conditions may justify the arrears fee to be waived. Please contact your Membership Chairperson to review your personal circumstances.

Personal Information

If your contact information has changed, it is important that you notify the Membership Chairperson so that your records are current and our Referral Service gives out the proper information to inquiring consumers or other Electrologists.

First Name _____ Last Name _____

Home Address _____
Number and Street City Province Postal Code

Phone _____ Cell: _____ Email: _____

Business Information

Business Name: _____

Address: _____
Full Address Unit # City Province Postal Code

Business Phone: _____ Cell: _____

Email Address: _____ Web Site: _____

Contact Preferences/Employment

Send all Information by email to: Home Business

Owner or Employee: Owner Employee of _____
Name of Employer/Business Name

Number of years you have been an Electrologist in a full time or part time position? _____ years

You work as an Electrologist: Full Time (30+ hrs/wk) Part-Time _____ hrs/wk

Type and Brand of Electrolysis Epilator: _____

Type and Brand of Laser Unit: _____

Type and Brand of Visual Aid: _____

Sterilization

As a stipulation of COPE National membership, you MUST use (1) of the following method(s) of sterilization, choose all that apply.

- Autoclave
- Dry Heat
- Chemical/Cold

- BOTH Chemical/Cold & Autoclave
- BOTH Chemical/Cold & Dry Heat

Chemical/Cold Sterilization:

I use Chemical/Cold Sterilization Indicators

Yes

No

Please describe your method & brand of products used during chemical/cold sterilization:

Steam Autoclave or Dry Heat Sterilization:

Brand of steam autoclave or dry heat sterilizer: _____

I perform 3rd party testing

Yes

No

Copy of 3rd party testing certificate is attached to my application:

Yes

No

NOTE: Although 3rd party testing is not a stipulation of membership, it is highly recommended by COPE

Services Offered in your Business

- COPE National offers both Electrologists and clients/consumers a very helpful Referral Service;
- Electrologist with a client moving to another area or Province, we draw from our COPE membership to suit their clients special needs;
- Both clients and the general public call us for referral as they trust and acknowledge the High Standards of COPE National and its members;
- If we do not have a member in a specific area, we search other known associations for members that indicate they are Certified Professional Electrologist, (CPE) or a known experienced electrologist.

I offer the following services: (Check all boxes that apply)

Galvanic

Blend

Thermolysis

Esthetics

Thermo Coagulation

Microdermabrasion

Laser/IPL

Micro needling

Female only

Lower Area (Phallus)

Lower Area (Vulva)

Trans Inclusive Clinic

Surgical Preparation Hair Removal (SPHR)

I am an Approved Provider with Trans Care BC






COPE National has recently developed a Continuing Education Workshop Series and a Virtual Web Series is currently in the works. It is the intent of the COPE National Board to provide opportunities to learn together and expand our knowledge. We provide regular updates on Workshop Series and we encourage you to make topic suggestions.

Other Electrolysis Associations you are presently a member in good standing of:

- Electrolysis Society of Alberta (ESA) TAPEBC Saskatchewan (SEA) Atlantic (AAPE)
- FCEA Federal FCEA Ontario American Electrolysis Association (AEA)
- Society of Clinical/Medical Hair Removal (SCMHR) Other Associations (list below)

Continuing Education Certification/Designations

All designations will be checked for authentication. Please check all designations that apply:

-  **Certified Professional Electrologist (CPE)** - Offered by the FCEA
Date of certification: _____ Month _____ Day _____ Year _____
-  **Certified Electrologist (CE)** - Designation to ONLY Swanson School Graduates
Date of certification: _____ Month _____ Day _____ Year _____
-  **Registered Electrologist (RE)** - Designation to TAPEBC Members
Date of certification: _____ Month _____ Day _____ Year _____
-  **Certified Professional Electrologist (CPE International)** - Offered by the AEA and SCMHR
Date of certification: _____ Month _____ Day _____ Year _____
-  **Certified Clinical Electrologist (CCE)** - Offered by the AEA and SCMHR
Date of certification: _____ Month _____ Day _____ Year _____

Electrolysis Training and Educational Data

New Members **MUST** attach the following to this application:

- Copy of Certificate(s) of Graduation (please include photocopies with application submission)
- Any and all other supporting documents;
 1. Additional training after graduation if practical training was less than 200 hours
 2. Additional support after graduation;
 3. A written letter attached explaining the above plus information on extra training or Chair-Side Training you may have received. **NOTE:** If your initial electrolysis training course was less than 500 hours, please list on a separate sheet and/or provide copies of all other training, including any chair-side training assistance you have received in regard to continued educational training.
 4. Applicants with 10 years experience may be Grandfathered in as a member after application is reviewed by the Membership Review Board;
 5. All decisions on Membership Applications will be made by the Membership Application Review Board unless otherwise instructed by the Board to the Membership Chairperson.

Training School Information: Please complete all areas.

Name of Training Institute: _____

Address City Province Postal Code

Name of Instructor(s): 1. _____ 2. _____

Phone # of School: _____ Email: _____

Date you received electrolysis certification Month _____ Day _____ Year: _____

Total number of Theory hours completed during your training: _____ Hours

Total number of Practical Hands-On hours completed during your training: _____ Hours

The **COPE National Membership Application Review Board** will have final say on all Membership Applications unless otherwise stipulated by the Board to the Membership Chairperson.

Work Experience in electrolysis:

New Graduate Full Time years _____ Part-Time years _____

If you were a COPE Member in the past, please provide your Membership Number: COPE # _____

Mandatory Liability Insurance is in place? Yes Not yet I have applied

1. Insurance Company Name: _____

2. Policy # and amount of liability: _____ \$ _____

3. Insurance Company Rep: _____ Phone # _____

(COPE National members are offered discounted liability insurance. Once your application is approved you will be sent the insurance contact information.

Mandatory Health Inspection

1. Health Inspection: Yes Not yet Scheduled: Month ____ Day ____ Year ____

2. Date of last inspection: Month ____ Day ____ Year ____

I have applied for a City/Municipal Business License? Yes Not yet (please explain why below)

(You must have current Liability Insurance; a current Health Inspection and a current years Business License to apply for membership to COPE National. A grace period of 30 days is given to all applicants to secure these mandatory requirements.

Guidelines for opening a new business:

Personal Service Establishment Guidelines (cut & paste into your browser).

BC	https://www2.gov.bc.ca/assets/gov/health/bc/pse_guidelines_final_nov_2017.pdf
AB	https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-open-personal-service-facility.pdf
SK	https://publications.saskatchewan.ca/#/products/1368
ON	http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines
NB/NS/NF	https://nslegislature.ca/legc/bills/59th_1st/1st_read/b026.htm

I hereby certify that all the information on this form is complete and correct to the best of my knowledge. By the signing of my signature below, I promise to be an active and contributing member, abide by the By-Laws, Standards of Ethical Conduct and all rules and regulations of COPE NATIONAL.

Signature: _____ Date: _____

1. Checks are made payable to **COPE National**. E-transfers to info@electrolysis.ca; c/c please call
2. Membership Chair accepts scanned copies of all documents and digitally signed application
3. Send your signed, completed application, all copies of certificate(s), certifications, designations and any additional pertinent information, and include the appropriate dues to:

Canadian Organization of Professional Electrologists

2797 Oakridge Crescent

Prince George, B.C. V2K3Y2

Phone: 1-250-692-6879 Email: info@electrolysis.ca