Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov

CERTIFICATE



Virginia Board for Barbers and Cosmetology INSTRUCTOR CERTIFICATION APPLICATION

(Only for applicants who are <u>not</u> required to take the Instructor Examination.)

BY EXPERIENCE BY ENDORSEMENT

Fee \$100.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the certification you are requesting and means of applying for the Instructor Certificate: BY COURSE

				Х	Trans	Х	Trans	Χ	Trans	
	130		1022				1021			
	1204 - Cosmetology Instructor				1022				1021	
	12	207 - Nail Technici	ian Instructor*		1022				1021	
	12	215 - Wax Technic	ian Instructor*		1022				1021	
	120	262 - Esthetician Ir	nstructor**		1022					
	1265 - Master Esthetician Instructor**				1022					
	120	239 - Tattooing Ins				1022				
	12!	250 - Perm. Cosme	etic Tattooing Ins	tr.			1022			
or ** Ai Te	r Wax Technician In individual holdii Technician Instruct	ing a Cosmetology n Instructor Certifica ing an Esthetician ctor Certificate. current Virginia	ate. Instructor or Mas	ter Estheticia	an Instructo	or Certificat	te can teach			
	Virginia Lice	ense Number					Expiration	n Date		
	O	ــ do <u>not</u> hold a <u>curren</u>	<u>It</u> Virginia practition	er license in yo	our respecti	ive professi	ion, you <u>do</u>	not qualify	y for a Instruc	tor certificate.
		are applying for a Pe or master permane			uctor certifi	icate, you m	nay hold a c	urrent Virgi	inia permanen	t cosmetic tattooer
2.		ame (As it appea			d ID or oth	ner legal do	ocumentati	ion.)		
	Last (required)		First (re	equired)			Middle			Generation
3.	Provide at lea	ast on e of the fo	llowing identific	ation number	*					
	Social Security Number and/or									
	Social .		J		ers*:					
	_		r and/or		ers*:	<u> </u>	<u> </u>			
		Security Number	<i>r and/or</i> umber			- [- s on file with	the department	ent.	
	✓ Virginia➤ Enter the s.★ State law re	<i>Security Number</i> <u>a</u> DMV Control Nu	r and/or umber mber as used on exanunt for a license, certific	mination, previouicate, registration	us application	ithorization to	engage in a	business, tra	ade, profession	or occupation issued
4.	✓ Virginia➤ Enter the s.★ State law re	Security Number a DMV Control Nu same identification nur requires every applicar	r and/or umber mber as used on exan int for a license, certific e a social security nur	mination, previouicate, registration	us application	ithorization to	engage in a	business, tra	ade, profession	or occupation issued
	✓ Virginia ➤ Enter the s * State law re by the Com Date of Birth	Security Number a DMV Control Nu same identification nur requires every applicar mmonwealth to provide	r and/or umber mber as used on exan int for a license, certific e a social security nur	mination, previouicate, registration	us application	ithorization to	engage in a	business, tra	ade, profession	or occupation issued
	✓ Virginia ➤ Enter the s * State law re by the Com Date of Birth	Security Number a DMV Control Nu same identification nur requires every applicar mmonwealth to provide	r and/or umber mber as used on exan int for a license, certific e a social security nur	mination, previouicate, registration	us application	ithorization to	engage in a	business, tra	ade, profession	or occupation issued

6.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.	City									- State -	_	7in Code
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED		City State Zip Code Check here if Street Address is the <u>same</u> as the Mailing Address listed above.										
		City									State		Zip Code
8.	Contact Numbers Primary Telepi	none				Altern	ate Te	elephone				Fax	
9.	Email Address												
											uest from a thi		•
10.	Have you been <i>previously</i> licensed in Esthetician, Master Esthetician, Tattooer, No Yes If yes, provide your license	ent Co											
	VA License Number								E	piratio	n Date		
· C	An ins Cosme technic Requii B. Application by E Provide an origin 1. Prepare instruct 2. Mailed	ou using ourse: llowing ou successe in tered Document of the lowers and Center of the lowers and lowers an	ng to g Bar g Bar geachi cume trai unc the s ering, unce flap und C	apply rber, (fully congress techniques the congress techniques tec	for you complete thingues to support the support of Lice to and or etology. I enveloge to back to logy.	ir Installed Ins	posi and/a provision ctor and/a ure in the e	tor Cerlail Tect-secondiploned by of a (respector diploned) (dated g body re or whithe enveloped)	the certain within in what and see an	an, or level Virginified In the lanich you and or sight address.	Select one. Wax Technical Board for barber, contact the evaluation because the contact of the essed to the e	nicia or E sme tha ently the e Vi	Barbers and tology, nail einstructor the must be: proceed to state board rginia Board
lic <i>re</i>	censure; 3) the expiration date of the license equirement that were met to qualify for licensure tertification must be mailed directly to: Board for Barbers and Cosmed	4) <i>the</i> ; and 5	e mea) all d	ans of closed	obtainii disciplii	ng lid nary	censu actio	ıre (i.e. ons resu	exan ılting i	n, recip in a vio	procity, etc.) a lation or und	and	the minimum
12.	Are you applying for Esthetician or Mast No	n of co	omple	eting a	cours	e in	teac	hing te			•	onda	ary level.

13.	Are you applying for Tattooer or Permanent Cosmetic Tattooing Instructor Certification? No No
	Yes If yes, complete the <u>Training & Experience Verification Form</u> documenting <u>three years</u> of tattooing work experience within the previous five years and attach to this application. (More than one form may be submitted to document three years of experience.)
	➤ DO NOT SUBMIT <u>Training & Experience Verification</u> form to the exam vendor. <u>Mail directly to DPOR at the address provided at the top of this application.</u>
14.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license. No
	Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>
15.	Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virginia) local, state or national regulatory body? No
	Yes If yes, complete the <u>Denial of Licensure Reporting Form</u> .
16.	A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u> within the last 20 years? <i>Any plea of nolo contendere shall be considered a conviction</i> . No You will be considered any plea of nolo contendere shall be considered as a conviction.
	Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
	B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, drug distribution or physical injury within the last two (2) years? <i>Any plea of nolo contendere shall be considered a conviction.</i> No
	Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
17.	By signing this application, I certify the following statements:
	 I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
	 I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
	 I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
	 I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
	 I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations, Tattooing Regulations, or Esthetics Regulations.
	Signature Date