Commonwealth of Virginia

Department of Professional and Occupational Regulation

Professional Credential Services, Inc.

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Virginia Board for Barbers and Cosmetology

MASTER ESTHETICIAN –

MASTER ESTHETICS INSTRUCTOR

EXAMINATION & LICENSE APPLICATION

Instructions:

- ➤ Complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the <u>examination fee</u>, payable to PCS at the address listed above.
- Any applicant who does not pass both examinations within one year of the initial examination date shall be required to submit a new application, pay a new examination fee, and retake the exam(s).

APPLICATION FEES ARE NOT REFUNDABLE

Select one examination type you are requesting:

×	License Type	Fee			
	1264 - Practical & Theory Exam	\$185.00			
	1264 - Practical Exam	\$93.00			
	1264 - Theory Exam	\$92.00			
	1265 - Instructor Exam	\$92.00			

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1.	Full Legal Nam	ne (As	it appea	ars on your gove	ernment issue	d ID oi	other le	gal docı	umen	tatio	n.)					
	Last (required)			First	(required)			Mi	iddle						— <u>—</u> Gе	eneration
2.	Provide at least	st <u>one</u> (of the fo	ollowing identifi	ication numb	ers*:										
	Social Se			J			<u> </u>			_ [
	<u> Virginia</u> ∣	DMV Co	ontrol Nu	ımber												
	Enter the sar	me identif	ication nur	mber as used on ex	amination, previou	us appli	ations or li	censes o	n file w	ith the	e depa	artmen	t.			
				nt for a license, cert e a social security n											· occupat	ion issued
3.	Date of Birth															
			MM/DD/Y	YYY												
4.	Maiden or For	mer Na	me(s)													
5.	Mailing Addres The mailing	•	ss will be	, ,												
6.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			accepted)	City Check he	ere if Str	eet Addres	s is the <u>s</u>	ame as	s the M	Mailing	g Addre	State ess liste		Zip C	ode
					City								State		Zip C	ode
7.	Contact Numb	ers		Primary Telepho	no.		Altorno	ate Telepi	hono					Fa		
8.	Email Address			ne		Allerra	ite reiepi	HOHE					ıa	٨		
				Email address i	is considered a	public	ecord and	d will be	disclo	sed ι	ıpon ı	reques	st from	a third	party.	
										F	INA	\L - I	PENE	DING	APPF	ROVAL
OFFICE	DATE	F	EE	TRANS CODE	ENTITY#				FILE	#/LICEN	NSE#				ISSUE	DATE
USE ONLY				1020												

9.	Have you ever taken the No □	Master Esthetician or Master Est	hetician Instructor examination	in Virginia?						
		vide the following examination infor	mation							
		ster Esthetician Exam	Month/Year taken:							
	☐ Ma	ster Esthetician Instructor Exam	Month/Year taken:							
10.	Have you been <i>previou</i>	<u>s/y</u> licensed in Virginia as a Estheti	cian or Master Esthetician?							
	No									
	Yes 🗌 If yes, pro	vide your license number and expir	ation date below							
	VA Licens	se Number	Expiration	ı Date						
11.	Which method are you u	sing to qualify for a master esthetic	an license?							
	of Labor and Indu	3								
	Required Docu	mentation: A completed Department of Labor a	nd Industry form available from your apprentic	ceship Representative.						
	Completion of an approved master esthetics training program in a Virginia licensed esthetics school *Required Documentation: Attach a completed Training & Experience Verification Form									
	•	0 hours of master esthetician traini	· · · · · · · · · · · · · · · · · · ·	ent to the Virginia program						
	Required Docu	utside the Commonwealth of Virgin Imentation: Altach a diploma or official school the Licensing Board in the state where the 600 l	transcript indicating successful completion of	of 600 hours of instruction or written						
	Completion of su	bstantially equivalent master esthe	tician course (consisting of less t	9.						
	<u>and</u> six months on the Commonwea	of Master esthetician work experien	ce. Both training and experience	must be obtained outside						
	Required Docu	mentation: Attach a certificate, diploma or othe d <u>Training & Experience Verification Form</u> docum								
	□ Applying to take	he Master Esthetician <i>Instructor</i> ex	amination *							
	VA License	Number	Expiration	Date						
	training cou	to holding the appropriate Virginia practition arse approved by the Virginia Board for Ba metics instructor in an esthetics school.								
		Documentation: Attach a completed <u>Training & </u>	Experience Verification Form and transcripts a	and/or diploma						
	☐ Previously licens	ed in Virginia by examination and pa	ast the reinstatement period.							
	Required Documen	tation: Verification from the Virginia Board for Ba	rbers and Cosmetology.							
		olicant required to complete Virginia entation: Verification from the Virginia Board for								
12.	•	r have you ever held a Master Est	•	registration issued by any						
12.		nited States (excluding Virginia)?	rictional license, certification of	registration issued by any						
	No 🗌									
	Yes If yes, cor	nplete the following questions.								
	A. List the following state/jurisdiction where a license, certification or registration has been issued:									
		State/Jurisdiction	License, Certification or Registration Number	Expiration Date						
			1	i l						

FINAL - PENDING APPROVAL certified, or registered professional for the states/

	jurisdictions listed above? Yes
	No
da <i>th</i>	ertifications of Licensure, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial stee of licensure; 3) the expiration date of the license 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be valled directly to:
	Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485
13.	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>
14.	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 Denial of Licensure Reporting Form.
15.	 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? Any plea of nolo contendere shall be considered a conviction. No
	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 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>
16.	Are you applying for a temporary permit? No □
	Yes If yes, your sponsor must complete and sign the following sponsorship statement:
	I, the undersigned, agree to supervise all activities related to the practice of esthetics for the named applicant, and shall be responsible for his/her esthetics activities during the time the temporary permit is in force.
	Printed Name of Sponsor Signature of Sponsor
	Sponsor's Virginia Master Esthetician License No.

- 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; Esthetics Regulations.*

Signature	Date	

- 18. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:
 - sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
 - taken in front of a plain white background
 - be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here.

Photocopy pictures are

not permitted.