Commonwealth of Virginia Department of Professional and Occupational Regulation **Professional Credential Services, Inc.** P.O. Box 198768

Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology NAIL TECHNICIAN – NAIL TECHNICIAN INSTRUCTOR EXAMINATION & LICENSE APPLICATION

FINAL - APPROVED 2017

Nashville, TN37219-8768Telephone No.:888-822-3272Email:cosandbar@pcshq.comWebsite:www.pcshq.com

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 **Professional Credential Services**, **Inc.** at the address listed above.
- Any applicant who does not pass an examination within one year of the initial examination date shall be required to submit a new application and examination fee.

APPLICATION FEES ARE NOT REFUNDABLE

 License Type
 Fee

 1206 - Practical & Theory Exam
 \$185.00

 1206 - Practical Exam
 \$93.00

 1206 - Theory Exam
 \$92.00

 1207 - Instructor Exam
 \$92.00

Select one examination type you are requesting:

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required) Fin	st (required)	Middle		Generation
2.	Provide at least <u>one</u> of the following ider	$\frac{1}{1000}$			
	Social Security Number and/or				
	Virginia DMV Control Number				
	 Enter the same identification number as used or 	n examination, previous ap	plications or licenses on file with the	e department.	
	 State law requires every applicant for a license, by the Commonwealth to provide a social security 				occupation issued
3.	Date of Birth				
4.	Maiden or Former Name(s)				
5.	Mailing Address (PO Box accepted) The mailing address will be				
	printed on the license.				
	printed on the needse.	City		State	Zip Code
6.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	Check here if	Street Address is the same as the l	Vailing Address listed above	
		City		State	Zip Code
7.	Contact Numbers				
	Primary Tele	phone	Alternate Telephone	Fai	х
8.	Email Address				
	Email addre	ss is considered a publ	ic record and will be disclosed u	upon request from a third	party.

FINAL - APPROVED 2017

OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
USE ONLY			1020		12	

FINAL - APPROVED 2017

9.	Have	you ever taken the Nail Technician or Nail Technician Instructor examination in Virginia?
	No	
	Yes	If yes, provide the following examination information
		Nail Technician Exam Month/Year taken:
		Nail Technician Instructor Exam Month/Year taken:
10.		you been <i>previously</i> licensed in Virginia as a practitioner or instructor in the fields of Barber , Cosmetology , echnician , or Wax Technician ?
	Yes	If yes, provide your license number and expiration date below
	103	
		VA License Number
11.	Which	method are you using to qualify for the examination? Select only ONE.
		Completion of an approved nail technician training program in a Virginia licensed nail technician school or a Virginia public school nail technician program approved by the Virginia Department of Education <i>Required Documentation: Attach a completed <u>Training & Experience Verification Form</u></i>
		Completion of 150 hours of nail technician training which is substantially equivalent to the Virginia program that
		is obtained outside the Commonwealth of Virginia, but within the United States and its territories
		Required Documentation: Attach a diploma or official school transcript indicating successful completion of 150 hours of instruction or written verification from the Licensing Board in the state where the 150 hours of training were received
		Completion of substantially equivalent nail technician course (consisting of less than 150 hours of training) <u>and</u> six months of nail technician work experience. Both training and experience must be obtained outside the Commonwealth of Virginia, but within the United States and its territories
		Required Documentation: Attach a certificate, diploma or other documentation verifying successful completion of the nail technician course and a completed <u>Training & Experience Verification Form</u> documenting at least six months of nail technician work experience
		Completion of the Virginia apprenticeship program in nail care Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative
		Nail technician training obtained in any Virginia state institution Required Documentation: Attach a completed <u>Training & Experience Verification Form</u>
		Applying to take the Nail Tech <u>Instructor</u> examination VA License Number Expiration Date
	_	
		Previously licensed in Virginia by examination and past the reinstatement period.
		Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.
		Endorsement applicant required to complete Virginia examination. <i>Required Documentation: Verification from the Virginia Board for Barbers and</i> Cosmetology.

- 12. Do you hold a current or have you ever held a **Barber**, **Cosmetology**, **Nail Technician**, or **Wax Technician** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?
 - No 🗌
 - Yes If yes, complete 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

B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above?

Yes	

No

- ☐ If <u>*no*</u>, provide an original Certification of Licensure[•](dated within the last 60 days) from each state/jurisdiction where you are <u>*not*</u> in good standing.
- Certifications of Licensure, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date 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 mailed 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.

- Yes If yes, complete the Disciplinary Action Reporting Form.
- 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 🗌
 - 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? *Any plea of nolo contendere shall be considered a conviction.*
 - No 🗌

Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.

FINAL - APPROVED 2017

- 16. Are you applying for a temporary permit? DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS.
 - 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 nail care for the named applicant, and shall be responsible for his/her nail technician activities during the time the temporary permit is in force.

	Printed Name of Sponsor	Signature of Sponsor		
	Sponsor's VA Nail Technician or Cosmetology License No.			
By sigr	ning this application, I certify the following statements:			
	I am aware that submitting false information or omitting pertinent application will delay processing and may lead to license revocation			
	I will notify the Board of any changes to the information provi requested license, certification, or registration including, but not lir 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, curre business to release information which may be required for a back	1 2		
	I have read, understand and complied with all the laws of Virginia of Title 54.1, Chapter 7, of the <i>Code of Virginia</i> and the <i>V. Regulations.</i>			
Signatu	Jre	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:
 - \Rightarrow 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
 - \Rightarrow be a full-face view, directly facing the camera with a neutral facial expression

<i>Attach Photo Here.</i> <i>Photocopy pictures are</i> <i>not</i> permitted.	