

**Virginia Board for Barbers and Cosmetology
 INSTRUCTOR CERTIFICATION APPLICATION**

(Only for applicants who are not required to take the Instructor Examination.)
Fee \$100.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) 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:

CERTIFICATE	BY COURSE		BY EXPERIENCE		BY ENDORSEMENT	
	X	Trans	X	Trans	X	Trans
1302 - Barber Instructor	<input type="checkbox"/>	1022			<input type="checkbox"/>	1021
1204 - Cosmetology Instructor	<input type="checkbox"/>	1022			<input type="checkbox"/>	1021
1207 - Nail Technician Instructor*	<input type="checkbox"/>	1022			<input type="checkbox"/>	1021
1215 - Wax Technician Instructor*	<input type="checkbox"/>	1022			<input type="checkbox"/>	1021
1262 - Esthetician Instructor	<input type="checkbox"/>	1022				
1265 - Master Esthetician Instructor	<input type="checkbox"/>	1022				
1239 - Tattooing Instructor			<input type="checkbox"/>	1022		
1250 - Perm. Cosmetic Tattooing Instr.			<input type="checkbox"/>	1022		

* An individual holding a Cosmetology Instructor Certificate can teach nail care and waxing without obtaining a separate Nail Technician Instructor or Wax Technician Instructor Certificate.

1. Provide your **current** Virginia practitioner license number and expiration date:

Virginia License Number

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 Expiration Date _____

- If you do **not** hold a **current** Virginia practitioner license in your respective profession, you **do not qualify for a instructor certificate.**
- If you are applying for a Permanent Cosmetic Tattooer Instructor certificate, you may hold a current Virginia permanent cosmetic tattooer license or master permanent cosmetic tattooer license.

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

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

3. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth _____
MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted) _____

 The mailing address will be printed on the license.
 _____ City _____ State _____ Zip Code _____

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

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

8. Contact Numbers

Primary Telephone Alternate Telephone Fax

9. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

10. Have you been ***previously*** licensed in Virginia as a Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, Master Esthetician, Tattooer, or Permanent Cosmetic Tattooer?

No

Yes If yes, provide your license number and expiration date below

VA License Number

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 Expiration Date _____

11. Are you applying for **Barber, Cosmetology, Nail Technician, or Wax Technician** Instructor Certification?

No

Yes If yes, which method are you using to apply for your Instructor Certification? Select **one**.

A. Application by Course:

Which of the following Barber, Cosmetology, Nail Technician, or Wax Technician Instructor courses have you successfully completed?

A course in teaching techniques at post-secondary level

Required Documentation: Transcripts and/or diploma

An instructor training course approved by the Virginia Board for Barbers and Cosmetology under the supervision of a certified barber, cosmetology, nail technician or wax technician instructor (respectively)

Required Documentation: Transcripts and/or diploma and a written evaluation by the instructor

B. Application by Endorsement:

Provide an original **Certification of Licensure** (dated within the last 60 days) that must be:

1. Prepared by the state board or licensing body in which you are **currently** licensed to instruct barbering, cosmetology, nail care or waxing; and
2. Mailed in an unopened envelope with the seal or signature of the state board overlaying the flap on the back of the envelope and addressed to the Virginia Board for Barbers and Cosmetology.

◆ Certifications of Licensure/Letter of Good Standing, 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:*

DPOR, Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

12. Are you applying for **Esthetician or Master Esthetician** Instructor Certification?

No

Yes If yes, attach documentation of completing a course in teaching techniques at a post-secondary level.

Required Attachment(s): Transcripts and/or diploma showing successful completion.

13. Are you applying for **Tattooer or Permanent Cosmetic Tattooing** Instructor Certification?
- No
- Yes If yes, complete the [Training & Experience Verification Form](#) documenting *three years* 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 Training & Experience Verification form to the exam vendor. Mail directly to DPOR at the address provided at the top of this application.**
14. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
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 **denied** by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Denial of Licensure Reporting Form](#).
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 **felony**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
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 desire. 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, Wax Technician Regulations, Tattooing Regulations, or Esthetics Regulations*.

Signature _____ Date _____