Commonwealth of Virginia Department of Professional and Occupational Regulation **Prov Inc.** 

150 W Civic Center Blvd, Suite 601

Telephone: (877) 228-3926

Email: support@provexam.com

Website: www.provexam.com

Sandy, UT 84070

Department of Professional and Occupational Regulation

## Virginia Board for Barbers and Cosmetology COSMETOLOGY - COSMETOLOGY INSTRUCTOR EXAMINATION & LICENSE APPLICATION

Instructions: Applicants are encouraged to apply online at https://provexam.com/

- If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to Prov Inc and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a <u>new application</u> and <u>new examination fee</u>.

×	Examination Type	Fee	
	1201 - Practical & Theory Exam	\$194.00	
	1201 - Practical Exam	\$95.00	
	1201 - Theory Exam	\$99.00	
	1204 - Instructor Exam	\$99.00	

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)	First	(required)	Middle		Suffix
Provide at least <u>one</u> c	of the following identi	fication numbers $*$	:		
Social Security	Number and/or				
🗌 <u>Virginia</u> DMV Co	ntrol Number				
<ul> <li>Enter the same identifi</li> </ul>	cation number as used on e	examination, previous ap	plications or licenses on file with the departm	ient.	
	2 11 /	, <b>U</b>	ther authorization to engage in a business, t iber issued by the <u>Virginia</u> Department of M	<i>i</i> <b>i</b>	or occupation issued
Date of Birth	MM/DD/YYYY				
Maiden or Former Na	me(s)				
Mailing Address (PO	Box accepted)				
The mailing address will be					
printed on the lic	cense.	City		State	Zip Code
Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED		Check here if	Street Address is the <u>same</u> as the Mailing Ac	ldress listed abo	ve.
		City		State	Zip Code
Contact Numbers					
	Primary Teleph	ione	Alternate Telephone	I	Fax
Email Address					

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

9.	Have	ave you ever taken the Cosmetology or Cosmetology Instructor examination in Virginia?						
	No							
	Yes	If yes, provide the following examination	n information					
		Cosmetology Exam Practic	al Exam	Theory Exam				
			(Month/Year taken)	(Month/Year taken)				
		Cosmetology Instructor Exam	Month/Year taken:					
10.		you been <b>previously</b> licensed in Virginia as a etology, Nail Technician, or Wax Technician'	•	the fields of <b>Barber, Master Barber,</b>				
	Yes	If yes, provide your license number and	expiration date below					
		VA License Number		Expiration Date				
11.	Which	method are you using to qualify for the examination	ation? Select only ONE.					
		Completion of an approved cosmetology tra Virginia public school cosmetology program ap <i>Required Documentation:</i> Attach a completed <u>Tra</u>	ining program in a Virginia proved by the Virginia Depa	0,				
		Completion of a cosmetology training which is Virginia's required hours) that is obtained outsi its territories <b>Required Documentation:</b> Attach an official school program or written verification from the Licensing Bo	de the Commonwealth of Vin I transcript indicating successful co	rginia, but within the United States and mpletion of a substantially equivalent training				
		Completion of a cosmetology course (consisting years of cosmetology work experience. <b>Required Documentation:</b> Attach a certificate, and of the cosmetology course <b>and</b> a completed <u>Barber</u> of cosmetology work experience Completion of the Virginia apprenticeship prog	official school transcript, or other d & Cosmetology - Experience Veri	ocumentation verifying successful completion				
		Required Documentation: A completed Department	nt of Labor and Industry form availa	able from your apprenticeship representative				
		Virginia licensed master barber with two years	of work experience					
		VA License Number		Expiration Date				
		Required Documentation: Attach a completed Bar	ber & Cosmetology - Experience V	Verification Form				
		Cosmetology training obtained in any Virginia s Required Documentation: Attach a complete						
		Two years of cosmetology experience in the U Required Documentation: Contact the Board for						
		Applying to take the Cosmetology Instructor ex	amination					
		VA License Number		Expiration Date				
		Previously licensed in Virginia by examination	· · ·					
	<b></b>	Required Documentation: Verification from th	-	•••				
		Previously licensed in Virginia under grandfath work experience and have completed a Board <i>Required Documentation:</i> Attach a completed <u>Barber/Co.</u>	approved examination.					
		Endorsement applicant required to complete V	irginia examination.					

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.

- 12. Do you hold a current or have you ever held a **Barber, Master 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 🗌	
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No

If <u>no</u>, provide an original Certification of Licensure<sup>•</sup>(dated within the last 60 days) from each state/jurisdiction where you are <u>not</u> in good standing.

 Certifications of Licensure/Letter of Good Standing, 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 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at <u>bchoplicensing@dpor.virginia.gov</u> or **mailed** from the regulatory body to: Board for Barbers & 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?
  - 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 <u>Denial of Licensure Reporting Form</u>.
- 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, non-marijuana drug distribution or physical injury within the last two (2) years?
  - No 🗌
  - Yes If yes, complete the Criminal Conviction Reporting Form.

- 16. Are you applying for a temporary permit? DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS.
  - No 🗌

Yes I fyes, your sponsor must complete and sign the following sponsorship statement:

I, the undersigned, agree to supervise all activities related to the practice of cosmetology for the named applicant, and shall be responsible for his/her cosmetology activities during the time the temporary permit is in force.

Printed Name of Sponsor

Signature of Sponsor

Sponsor's Virginia Cosmetology License Number

- 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.

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
  - $\Rightarrow$  be a full-face view, directly facing the camera with a neutral facial expression