

Prov Inc.

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Department of Professional and Occupational Regulation

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

This application is for cosmetology and esthetics instructor applicants only.

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 **new application** and **new examination fee**.
- Certified Instructors may teach in any profession in which they hold their underlying license.

Select one examination type you are requesting:

| <input checked="" type="checkbox"/> | Examination Type | Fee |
|-------------------------------------|---|---------|
| <input type="checkbox"/> | 1226 - Barbers & Cosmetology Instructor Certificate | \$99.00 |
| <input type="checkbox"/> | 1228 - Esthetics Instructor Certificate | \$99.00 |

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

Last (required) First (required) Middle Suffix

2. 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.

3. Date of Birth _____
MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted)

The mailing address will be
printed on the license.

City State Zip Code

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

City State Zip Code

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

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

9. Have you been **previously** licensed in Virginia as a practitioner or instructor in the fields of **Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetics, or Master Esthetics**?

No ☐

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

VA License Number

| | | | | | | | | | |
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Expiration Date _____

10. Do you hold a current, or have you ever held, a **Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetics, or Master Esthetics** 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 |
|--------------------|---|-----------------|
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- B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes ☐

No ☐ If **no**, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are **not** 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, endorsement, 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 bchoplicensing@dpor.virginia.gov or

mailed from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

11. Have you ever been subject to a **disciplinary action** taken by any (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 [Disciplinary Action Reporting Form](#).

12. Have you ever had an application for licensure, certification, or registration as a practitioner or instructor **denied** by any (including Virginia) local, state, or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).

13. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States or outside of the United States of any **felony** within the last 10 years?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

14. 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 (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 _____

15. 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

