Commonwealth of Virginia

Department of Professional and Occupational Regulation

## Prov Inc.

150 W Civic Center Blvd, Suite 601

Sandy, UT 84070

Telephone: (877) 228-3926
Email: <a href="mailto:support@provexam.com">support@provexam.com</a>
Website: <a href="mailto:www.provexam.com">www.provexam.com</a>



Virginia Board for Barbers and Cosmetology

MASTER ESTHETICIAN –

MASTER ESTHETICS INSTRUCTOR

EXAMINATION & LICENSE APPLICATION

**Instructions:** Applicants are encouraged to apply online at <a href="https://provexam.com/">https://provexam.com/</a>

- ▶ 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**.

Select one examination type you are requesting:

×	License Type	Fee		
	1264 - Practical & Theory Exam	\$194.00		
	1264 - Practical Exam	\$95.00		
	1264 - Theory Exam	\$99.00		
	1265 - Instructor Exam	\$99.00		

			1265	- Instructor Exam		\$99.00		
1.	•			•			ers and Cosmetology?	
	No	-		Y for this license	e type. C	complete the	<u>Permanent Cosmetic</u>	<u> Tattooer - Exam</u>
	V	and License A	• •		عداد مداد			
	Yes	ir yes, provide	your license n	umber and expir		.e:	1	
		Virginia Licens	se Number				Expiration Date	
2.	Full Legal Nar	me (As it appe	ars on your gove	ernment issued ID	or other I	egal docume	ntation.)	
	Last (required)		First	(required)		Middle		Suffix
3.	Provide at lea	st <u>one</u> of the fo	ollowing identif	ication numbers <sup>*</sup>	÷:			
	Social S	ecurity Numbe	<b>r</b> and/or			-	-	
	<u>Virginia</u>	DMV Control Nu	umber					
	> Enter the sa	ame identification nu	mber as used on ex	amination, previous ap	plications or	licenses on file	with the department.	
							e in a business, trade, profession Department of Motor Vehicles.	on or occupation issued
4.	Date of Birth							
		MM/DD/	YYYY					
5.	Maiden or For	mer Name(s)						
6.	•	ss (PO Box ac	. ,					
		on the license.	,	City			State	Zip Code
				Oity			Otato	Zip Oode
OFFICE	DATE	FEE	TRANS CODE	ENTITY#		FILE	E #/LICENSE #	ISSUE DATE
USE			1020					
		L	I					

7.		Address (PO B PHYSICAL ADDR	ox <u>not</u> accepted) ESS REQUIRED	) Chec	ck here if Street A	Idress is the <u>same</u> a	as the Mailing Addres	is listed above	ł. 
				City				State	Zip Code
8.	Conta	ct Numbers		·					•
			Primary Tel	ephone	A	Iternate Telephone			
9.	Email	Address							
10.	Have y No Yes		Email addr the <b>Master Esthe</b> provide the followi	<b>tician</b> or <b>Mas</b>	ter Esthetici	an Instructor	osed upon request examination in		party.
			Master Estheticiar	•		th/Year taken:			
		_	Master Estheticiar			th/Year taken:			
11.	Have y No Yes	☐ If yes,	ously licensed in ' provide your licen	·			etician?  Expiration D	loto	
12.	Which	Completion of of Labor and I	u using to qualify the an Apprenticeshiph and ustry.    A comp	o program by	the Division	of Apprentices			
		•	an approved mas			•	a licensed esth	etics schoo	ol
		that is obtained Required D	600 hours of mas doutside the Comocumentation: Attach ensing Board in the state	nmonwealth of an official school t	f Virginia. ranscript indicatin	g successful comple			
		and six month the Commonw Required D esthetician of esthetician v	substantially equi as of master esthe realth of Virginia. ocumentation: Attach a course and a completed work experience the the Master Esth	tician work ex a certificate, an offi I Esthetician/Maste	sperience. Bo icial school transc er Esthetician - E	th training and lipt, or other docume sperience Verification	experience mu	ust be obta	nined outside
			se Number				Expiration D	ate	
		training master e	on to holding the app course approved by t esthetics instructor in a	he Virginia Boar an esthetics scho	d for Barbers and ool.	nd Cosmetology i	plicants are requir under the supervis	ed to comple	
		•	ed Documentation: Atta	,		·	•		
		•	nsed in Virginia by	•	•		period.		
			nentation: Verification fr						
		provide work e	ensed in Virginia experience and ha nation: Attach a comple	ve completed	a Board app	roved examina	ition.		eriod. Must
			applicant required umentation: Verification	•	•				

13.	•	have you ever held a Master Estholited States (excluding Virginia)?	etician license, certification or re	egistration issued by any
	No	mod otatoo (oxolaanig viigina).		
	Yes   If yes, cor	plete the following questions.		
	A. Li	st the following state/jurisdiction when		ration has been issued:
		State/Jurisdiction	License, Certification or Registration Number	Expiration Date
	ju		sed, certified, or registered pro  Certification of Licensure (dated on where you are <u>not</u> in good star	I within the last 60 days)
•	registration number; 2) the initia	r of Good Standing, prepared by the state date of licensure; 3) the expiration date of y actions resulting in a violation or undeterm	the license; 4) the means of obtaining license	
		n be <b>emailed</b> from the regulatory body to the bry body to: Board for Barbers & Cosmetolog		
14.	body? This includes bu license in connection wit No	ect to a disciplinary action taken be to some time to any monetary per a disciplinary action or voluntary te	enalties, fines, suspensions, reversions, reversions, reversions, fines, suspensions, reversions, reve	
	Yes  If yes, cor	nplete the <u>Disciplinary Action Reporti</u>	<u>ng Form</u> .	
15.	barbering, cosmetology, local, state or national re	oplication for licensure, certification of waxing, nail care, esthetics, body-gulatory body?		
	No ☐ Yes ☐ If yes, cor	pplete the <u>Denial of Licensure Repor</u>	ting Form.	
16.	•	n convicted or found guilty, regardle y <u>felony</u> within the last 20 years?	ss of the manner of adjudication,	in any jurisdiction of the
	No ☐ Yes ☐ If ye	s, complete the <u>Criminal Conviction F</u>	Reporting Form.	
	United States of ar	nvicted or found guilty, regardless y misdemeanor involving moral turn n the last two (2) years?	•	
	Yes ☐ If ye	s, complete the <u>Criminal Conviction F</u>	Reporting Form.	

	No	plying for a temporary permit?	
	Yes	I If yes, your sponsor must complete and sign the following	g sponsorship statement:
		I, the undersigned, agree to supervise all activities named applicant, and shall be responsible for his/temporary permit is in force.	•
		Printed Name of Sponsor	Signature of Sponsor
		Sponsor's Virginia Master Esthetician License No.	
18.	<ul> <li>I am appl</li> <li>I wil requ a fel</li> <li>I au pers requ</li> <li>I au busi</li> <li>I hav of Ti</li> </ul>	this application, I certify the following statements: In aware that submitting false information or omitting pertiner lication will delay processing and may lead to license revoca II notify the Board of any changes to the information profested license, certification, or registration including, but not lony or misdemeanor (in any jurisdiction).  Ithorize the Department to verify information concerning meason, or any source the department may contact. I also a suired or requested by the Department.  Ithorize any federal, state or local government agency, curness to release information which may be required for a bactive read, understand and complied with all the laws of Virginia itle 54.1, Chapter 7, of the Code of Virginia and the Virginia and the Virginia itle 100.	ation or denial of license.  Invided in this application prior to receiving the limited to any disciplinary action or conviction or e or any statement in this application from any agree to present any credentials or documents arrent or former employer, or other individual or ekground investigation.  It is related to this profession under the provisions
	Sign		Date
	- 5	latul <del>C</del>	
19.	Attach a pr	rofessional passport compliant 2" x 2" color photo taken vec. It must meet the following requirements:	within the last 6 months to reflect your current
19.	Attach a pr	rofessional passport compliant 2" x 2" color photo taken v	·
19.	Attach a prappearance	rofessional passport compliant 2" x 2" color photo taken versions. It must meet the following requirements:	·
19.	Attach a pr appearance ⇒ siz  ⇒ tal	rofessional passport compliant 2" x 2" color photo taken version. It must meet the following requirements: zed so that your head is approximately 1 inch from the bottom	m of the chin to the top of the head