Commonwealth of Virginia

Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

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

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.

APPLICATION FEES ARE NOT REFUNDABLE

Select <u>one</u> examination type you are requesting:

| × | License Type | Fee | | |
|---|--------------------------------|----------|--|--|
| | 1201 - Practical & Theory Exam | \$155.00 | | |
| | 1201 - Practical Exam | \$80.00 | | |
| | 1201 - Theory Exam | \$75.00 | | |
| | 1204 - Instructor Exam | \$75.00 | | |

| 1. | Name Last | | | First | | Middle | | Generation |
|-----------------------|------------------------|---|------------------|---------------------|-----------------------|---|--------------------------|----------------------|
| 2. | Provide one o | f the following | identification n | umbers. | | | | |
| | | ecurity Number | | Virginia DMV Con | trol Number | - | - | |
| | | | | | | engage in a business, irginia Department of M | | or occupation issued |
| 3. | Date of Birth | MM/DD/Y | YYY | | | | | |
| 4. | Maiden Name | or Former Sur | name(s) | | | | | |
| 5. | | ress is submitted, be printed on the | the mailing | | | | | |
| 6. | Street Address PHYSICA | s (PO Box <u>not</u> L ADDRESS REG | accepted) | City Check here if | Street Address is the | e <u>same</u> as the Mailing A | State ddress listed abov | Zip Code e. |
| 7. | Email Address | · | | City | | | State | Zip Code |
| 8. | Contact Numbers | | | | | | | |
| | | | Primary Telepho | ne | Alternate Tel | ephone | F: | ах |
| OFFICE USE ONLY | DATE | FEE | TRANS CODE 1020 | ENTITY# | 12 | FILE #/LICENSE # | | ISSUE DATE |

| 9. | Have you ever taken the Cosmetology or Cosmetology Instructor Examination in Virginia? | | | | | |
|-----|--|--|--|--|--|--|
| | No | | | | | |
| | Yes If yes, provide the following examination information | | | | | |
| | Cosmetology Exam Month taken: | | | | | |
| | Year taken: | | | | | |
| | Cosmetology Instructor Exam Month taken: | | | | | |
| | Year taken: | | | | | |
| 10. | Do you <u>currently</u> hold or have you been <u>previously</u> licensed in Virginia as a Barber, Cosmetology, or Nail Technician? No | | | | | |
| | Yes If yes, provide your license number and expiration date below | | | | | |
| | VA License Number Expiration Date | | | | | |
| 11. | Are you applying to take the Instructor Examination? | | | | | |
| | No | | | | | |
| | Yes If yes, provide the following information and skip to question #13. | | | | | |
| | VA License Number Expiration Date | | | | | |
| 12. | Which method are you using to qualify for the examination? Select only ONE . | | | | | |
| | Completion of an approved cosmetology training program in a Virginia licensed cosmetology school or a Virginia public school cosmetology program approved by the Virginia Department of Education | | | | | |
| | Required Documentation: Attach a completed <u>Training & Experience Verification Form</u> | | | | | |
| | Completion of 1500 hours of cosmetology 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: Altach a diploma or official school transcript indicating successful completion of 1500 hours of instruction or written verification from the Licensing Board in the state where the 1500 hours of training were received. | | | | | |
| | Completion of substantially equivalent cosmetology course (consisting of less than 1500 hours of training) and | | | | | |
| | six months of cosmetology 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 cosmetology course and a completed <u>Training & Experience Verification Form</u> documenting at least six months of cosmetology work experience | | | | | |
| | Completion of the Virginia apprenticeship program in cosmetology | | | | | |
| | Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative | | | | | |
| | Virginia licensed barber with two years of work experience *Required Documentation: Attach a completed <u>Training & Experience Verification Form</u> | | | | | |
| | Virginia licensed barber with less than two years of work experience or Virginia barber student enrolled in a Virginia cosmetology training school and seeking credit for performances completed at a barber school Required Documentation: Attach a completed Training & Experience Verification Form | | | | | |
| | Cosmetology training obtained in any Virginia state institution *Required Documentation: Attach a completed Training & Experience Verification Form | | | | | |
| | Two years of cosmetology experience in the United States armed forces **Required Documentation: Attach a completed Training & Experience Verification Form** | | | | | |

| 13. | or registration in any | | | | | | | |
|-----|--|---|--|------------------------|--|--|--|--|
| | No \square | liction within the United States or its ter | , , , | | | | | |
| | Yes | | | | | | | |
| | | State/Jurisdiction | License, Certification or Registration Number | Expiration Date | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 14. | body? | er been subject to a disciplinary action | taken by any (including Virginia) local, state | or national regulatory | | | | |
| | No ☐ Yes ☐ | If you provide a cortified copy of the | final order, decree or case decision by a court | t or regulatory agency | | | | |
| | Yes If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision. | | | | | | | |
| 15. | | er had an application for licensure, cert | tification or registration as a practitioner or ins | | | | | |
| | barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virginia) local, state or national regulatory body? | | | | | | | |
| | No \square | Halional regulatory body? | | | | | | |
| | Yes | | | | | | | |
| | _ | with lawful authority to issue such ord | | or regulatory agoiney | | | | |
| 16. | Have you ever been convicted in any jurisdiction of a <i>misdemeanor</i> and/or <i>felony</i> ? Any guilty plea or plea of nolo | | | | | | | |
| | contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system. | | | | | | | |
| | No \square | System. | | | | | | |
| | Yes | | ach an <i>original criminal history record</i> *issued | | | | | |
| | | | om other jurisdictions, other than Virginia; mu | | | | | |
| | | | each state in which they have convictions. Vi om the Virginia State Police at <u>www.vsp.virg</u> i | | | | | |
| | | at 804-674-6718. | military ingilita state i olice at www.vsp.vingi | ma.gov or by priorie | | | | |
| * | For each conv | viction, please provide a certified copy | of the final order, decree, or case decision by | a court or regulatory | | | | |
| | agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have | | | | | | | |
| | | | n the status of incarceration, parole or probati | on; reference letters; | | | | |
| | | n of rehabilitation etc.). | | | | | | |
| 17. | 3 113 | ing for a temporary permit? DOES NO | T APPLY TO STUDENT INSTRUCTOR TEM | PORARY 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 cosm | | | | | | | |
| | named applicant, and shall be responsible for his/her cosmetology activities during the time | | | | | | | |
| | | temporary permit is in force. | | | | | | |
| | | Printed Name of Sponsor | Signature of Spo | onsor | | | | |
| | | · | | | | | | |
| | | Sponsor's Virginia Cosmetology Licer | ise inditibel | | | | | |

| 18. | informa am sub reques | undersigned, certify that the foregoing statements and answers are truition that might affect the Board's decision to approve this application. I certificate to any disciplinary action or convicted of a felony or misdemeanor (in ted license. I certify that I have read, understood and complied with all the 54.1, Chapter 7 of the Code of Virginia and the Virginia Board for Barbers. | tify that I will notify the Department if any jurisdiction) prior to receiving the laws of Virginia under the provisions | | | |
|-----|--|--|--|--|--|--|
| | Signatu | ire | Date | | | |
| 19. | Attach appear | last 6 months to reflect your current | | | | |
| | sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head | | | | | |
| | \Rightarrow | taken in front of a plain white background | | | | |
| | be a full-face view, directly facing the camera with a neutral facial expression | | | | | |
| | | | Attach Photo Here. Photocopy pictures are not permitted. | | | |