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 ESTHETICIAN – ESTHETICS 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				
	1261 - Practical & Theory Exam	\$155.00				
	1261 - Practical Exam	\$80.00				
	1261 - Theory Exam	\$75.00				
	1262 - Instructor Exam	\$75.00				

		□ 1262	- Instructor Exam	\$75.00		
1.	Name		First	Middle		Generation
•				Middle		Generation
2.		ollowing identification		*		
	Social Security	Number or	Virginia DMV Contro	ol Number -	-	
				ner authorization to engage in a busines per issued by the Virginia Department of		n or occupation issued
3.	Date of Birth	MM/DD/YYYY				
4.	Maiden Name or Fo	rmer Surname(s) _				
5.	Mailing Address (PC) Box accepted)				
	If a mailing address is address will be print					
		Ō	City		State	Zip Code
6.	Street Address (PO PHYSICAL ADDI	Box <u>not</u> accepted) RESS REQUIRED	Check here if Street	Address is the <u>same</u> as the Mailing Add	dress listed above.	
		-	NA.		Chala	7in Code
7.	Email Address	(City		State	Zip Code
1.	Elliali Audiess					
8.	Contact Numbers					
		Primary Teleph	one	Alternate Telephone		Fax
	DATE	FEE TRANS CODE	ENTITY#	FILE #/LICENSE #		ISSUE DATE
USE USE		1020				
ONLY		1020				

9.	Do you <i>currently</i> hold or have you been <i>previously</i> licensed in Virginia as a esthetician or master esthetician? No													
	Yes	If yes, provide your lice	nse number a	and exp	iratio	n date b	elow							
		VA License Number							Expirati	on Date	<u> </u>			
10.	Are you apply	ring to take an Instructor	examination	?										
	Yes •	If yes, provide your lice	nse number a	and skir	to a	uestion	#12.							
		VA License Number		Τ.										
		 In addition to holding instructor-training cour esthetics or master est Required Documentation 	se approved by thetics instructor	he Virgir in an est	ia Boa hetics	rd for Ba school.	rbers a	and Cosm	etology	under th	ne sup	ervisio	on of a	
11.	Compl	d are you using to qualify detion of an approved es Required Documentation: Atlact	thetics trainin	g progr	am in	a Virgir			estheti	cs scho	ool			
	Completion of 600 hours of esthetician 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: Attach a diploma or official school transcript indicating successful completion of 600 hours of instruction or written verification from the Licensing Board in the state where the 600 hours of training were received.													
	month Comm	letion of substantially eq s of esthetician work nonwealth of Virginia, bu Required Documentation: Attac completed Training & Experience	experience. t within the Ui ch a certificate, dip	Both nited St	traini ates a ther do	ng and and its t	l exp errito on verit	perience ries Sying succes	e mus	t be	obtair	ned	outs	ide the
12.	Do you hold	a <u>current</u> or <u>expired</u> est or its territories (excludi	hetician licen ing Virginia) ?	se, cer	-						juris	dictio	n wi	thin the
	103	If yes, complete the foll		1:-		O = =4!6! = =		Da silata	!: N	l			41	Data
		State/Juris	SUICTION	LIC	ense,	Certifica	lion o	r Registr	all011 IV	lumber		Expira	111011	Date
											1			
13.	No 🗌	ring for a temporary perr		and clar	, the o	- Callouvin	7 on o	noorobir	a otata	um o nt.				
	Yes	If yes, your sponsor mu	•			,	•				of o	ctho	ticc	for the
		I, the undersigned, agree to supervise all activities related to the practice of esthetics for the named applicant, and shall be responsible for his/her esthetics activities during the time the temporary permit is in force.												
			Signature	of Sponso	r							Date		
			Printed Name	of Spons	or									
		Sponsor's Virginia Esth	etician/Maste	r Esthe	tician	License	e No.							

14.	Have you endody?							
	Yes	If yes, provide a certified copy of the final order, decree or case with lawful authority to issue such order, decree or case decision	, , , , ,					
15.	Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virgin local, state or national regulatory body? No							
	Yes	If yes, provide a certified copy of the final order, decree or case with lawful authority to issue such order, decree or case decision						
16.	contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a mi juvenile court system.							
	No ☐ Yes ☐	If yes, applicants are <u>required</u> to attach an <u>original criminal his</u> police. Applicants with convictions from other jurisdictions, other official criminal history record from each state in which they have request complete criminal records from the Virginia State Policat 804-674-6718.	er than Virginia; must provide an original nave convictions. Virginia residents may					
*	agency with considered v	nviction, please provide a certified copy of the final order, decree, lawful authority to issue such order, decree, or case decision; and with this application (e.g., information on the status of incarceration of rehabilitation etc.).	d any other information you wish to have					
17.	information subject to a requested lie	rsigned, certify that the foregoing statements and answers are that might affect the decision to approve this application. I certify ny disciplinary action or convicted of a felony or misdemeanor (cense. I certify that I have read, understood and complied with all 1, Chapter 7 of the Code of Virginia and the Virginia Board in the Code of Virginia and the Virginia Board in	y that I will notify the Department if I am in any jurisdiction) prior to receiving the the laws of Virginia under the provisions					
	Signature		Date					
18.	•							
	sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head							
	⇒ tak	en in front of a plain white background						
		a full-face view, directly facing the camera with a neutral facial exp	pression					
		Г						
			Attach Photo Here. Photocopy pictures are					
			<i>not</i> permitted.					