Commonwealth of Virginia

Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

Via USPS Post Office Box 198768 (USPS)

Nashville, TN 37219-8768

Via Courier 150 Fourth Avenue North, Suite 800

Nashville, TN 37219

Toll Free: (888) 822-3272
Fax: (615) 846-0153
E-Mail: <u>vacos@pcshq.com</u>
Website: <u>www.pcshq.com</u>



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

Instructions: Complete this form and mail it with a cashier's check, money order, or credit card payment for the full amount of the fee, payable to Professional Credential Services, Inc. at the Professional Credential Services address above. Upon passing the exam, Professional

Credential Services, Inc. will send you a FEE NOTICE. Submit the signed FEE NOTICE and license fee to:

Virginia Board for Barbers and Cosmetology Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233

Select one 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 | |

| 1. | Name | | | | | | | |
|-------------|---|---------------|------------|-----------------|------------------|---------|------------|--|
| | Last | | F | irst | Middle | | Generation | |
| 2. | Provide <u>one</u> of the following identification numbers. | | | | | | | |
| | Social Se | curity Number | or 🗌 | Virginia DMV Co | ontrol Number* | - | | |
| | * 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 Name or Former Surname(s) | | | | | | | |
| 5. | Mailing Address (PO Box accepted) | | | | | | | |
| | If a mailing address is submitted, the mailing address will be printed on the license. | | | | | | | |
| | | | | | | | | |
| | | | (| City | | State | Zip Code | |
| 6. | Street Address (PO Box <u>not</u> accepted) Check here if Street Address is the <u>same</u> as the Mailing Address listed above. | | | | | | | |
| | | ADDRESS REC | | | - | | | |
| | | | - | | | | | |
| | | | - | | | | | |
| | | | (| City | | State - | Zip Code | |
| | | | · | <u>,</u> | | | 2.6 0000 | |
| | | | | | | | | |
| Office | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | | ISSUE DATE | |
| Use Only | | | 1020 | | | | | |

| 7. | Email Address | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| 8. | Contact Numbers | | | | | | | |
| 9. | Primary Telephone Alternate Telephone Fax 9. Do you hold a <u>current</u> or <u>expired</u> esthetician or master esthetician license issued by the Virginia Board for Barbe Cosmetology? No Yes If yes, provide your license number and expiration date below | | | | | | | |
| | VA License Number Expiration Date | | | | | | | |
| 10. | Are you applying to take an Instructor examination? | | | | | | | |
| | No Yes If yes, provide your license number and skip to question #12. VA License Number In addition to holding the appropriate Virginia practitioner license, instructor applicants are required to complete an instructor-training course approved by the Virginia Board for Barbers and Cosmetology under the supervision of a license esthetics or master esthetics instructor in an esthetics school. | | | | | | | |
| | Required Documentation: Attach a completed <u>Training & Experience Verification Form</u> and transcripts and/or diploma | | | | | | | |
| 11. | Which method are you using to qualify for an esthetician license? | | | | | | | |
| | Completion of an approved esthetics training program in a Virginia licensed esthetics school *Required Documentation: Attach a completed Training & Experience Verification Form | | | | | | | |
| | 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 writted verification from the Licensing Board in the state where the 600 hours of training were received. | | | | | | | |
| | Completion of substantially equivalent esthetician course (consisting of less than 600 hours of training) and six months of esthetician 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 esthetician course and completed *Iraining & Experience Verification Form documenting at least six months of esthetician work experience | | | | | | | |
| 12. | Do you hold a <u>current</u> or <u>expired</u> esthetician or master esthetician license in any state or jurisdiction within the United States or its territories (excluding Virginia)? | | | | | | | |
| | No ☐ Yes ☐ If yes, complete the following table and provide an original Certification of Licensure/Letter of Good Standing dated within the last 60 of days. • | | | | | | | |
| | State/Jurisdiction License, Certification or Registration Number Expiration Date | | | | | | | |
| | | | | | | | | |
| | 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 of | | | | | | | |

• 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 or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirements that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding, and 6) an original authorized signature and Board/Department seal.

| 13. | | ying for a temporary permit? | |
|-----|--|---|---|
| | No | atement: practice of esthetics for the activities during the time the | |
| | | Signature of Sponsor | Date |
| | | Printed Name of Sponsor | |
| | | Sponsor's Virginia Esthetician/Master Esthetician License No. | |
| 14. | body? | er been subject to a disciplinary action taken by <u>any</u> (including Virginia) lo | cal, state or national regulatory |
| | No Yes | If yes, provide a certified copy of the final order, decree or case decision with lawful authority to issue such order, decree or case decision. | by a court or regulatory agency |
| 15. | barbering, co | er had an application for licensure, certification or registration as a practition of smetology, waxing, nail care, esthetics, body-piercing, or tattooing denor national regulatory body? If yes, provide a certified copy of the final order, decree or case decision by | ied by any (including Virginia) |
| | | lawful authority to issue such order, decree or case decision. | |
| 16. | • | er been convicted in any jurisdiction of a <i>misdemeanor and/or felony?</i> nust be disclosed on this application. Do not disclose violations that were system. | , , , , |
| | Yes | If yes, applicants are <u>required</u> to attach an <u>original criminal history reco</u> police. Applicants with convictions from other jurisdictions, other than Violential criminal history record from each state in which they have converged to request complete criminal records from the Virginia State Police at <u>www.</u> at 804-374-6718. | rginia; must provide an original victions. Virginia residents may |
| * | agency with la considered w | viction, please provide a certified copy of the final order, decree, or case dawful authority to issue such order, decree, or case decision; and any other ith this application (e.g., information on the status of incarceration, parole n of rehabilitation etc.). | er information you wish to have |
| 17. | information the subject to an requested lice | signed, certify that the foregoing statements and answers are true, and might affect the decision to approve this application. I certify that I way disciplinary action or convicted of a felony or misdemeanor (in any judense. I certify that I have read, understood and complied with all the laws, Chapter 7 of the Code of Virginia and the Virginia Board for Barber | ill notify the Department if I am risdiction) prior to receiving the of Virginia under the provisions |
| | 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

⇒ be a full-face view, directly facing the camera with a neutral facial expression

Click to attach a recent 2x2 head & shoulders photo

Photocopy pictures are not permitted