Commonwealth of Virginia Department of Professional and Occupational Regulation

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PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

Via USPS

Toll Free:

Fax: E-Mail: Department of Professional and Occupational Regulation

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

Website: www.pcshq.com
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 examination fee, 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 |
|---|--------------------------------|----------|
| | 1206 - Practical & Theory Exam | \$155.00 |
| | 1206 - Practical Exam | \$80.00 |
| | 1206 - Theory Exam | \$75.00 |
| | 1207 - Instructor Exam | \$75.00 |
| | | |

| 1. | Name | | | First | | Middle | | Generation |
|-----------------------|--------------------------------------|--|----------------|--|---|------------------------|-------------------|----------------------|
| 2. | Provide <u>one</u> of | the following | identification | | | madic | | Generation |
| 2. | Social Se * State law req | curity Number uires every applica | or | Virginia DMV Co rtificate, registration | ontrol Number [*] or other authorization to number issued by the V | | | or occupation issued |
| 3. | Date of Birth | MM/DD/Y | YYY | | | | | |
| 4. | Maiden Name | or Former Su | rname(s) | | | | | |
| 5. | Mailing Addres | s (PO Box ac | cepted) | | | | | |
| | If a mailing addre address will b | ess is submitted, be printed on the | | | | | | |
| | | | Ī | City | | | State | Zip Code |
| 6. | Street Address PHYSICAL | (PO Box <u>not</u> Address rec | | Check here if S | treet Address is the <u>sar</u> | ne as the Mailing Addr | ess listed above. | |
| 7. | Email Address | | (| City | | | State | Zip Code |
| 8. | Contact Number | ers | | | | | | |
| | | | Primary Teleph | none | Alternate Te | lephone | | Fax |
| Office Use Only | | FEE | TRANS CODE | ENTITY # | 12 | FILE #/LICENSE # | | ISSUE DATE |

| 9. | Have you ever taken the Nail Technician or Nail Technician Instructor Examination in Virginia? |
|-----|---|
| | No 🗌 |
| | Yes 🔲 If yes, provide the following examination information |
| | Nail Technician Exam Month taken: |
| | Year taken: |
| | Nail Technician Instructor Exam Month taken: |
| | Year taken: |
| 10. | Do you hold a <u>current</u> or <u>expired</u> Virginia Barber, Cosmetology, or Nail Technician license, certification or registration? 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 nail technician training program in a Virginia licensed nail technician school or a |
| | Virginia public school nail technician program approved by the Virginia Department of Education |
| | Required Documentation: Attach a completed <u>Training & Experience Verification Form</u> |
| | Completion of 150 hours of nail technician 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 150 hours of instruction or written verification from the Licensing Board in the state where the 150 hours of training were received |
| | Completion of substantially equivalent nail technician course (consisting of less than 150 hours of training) and |
| | six months of nail technician 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 nail technician course and a |
| | completed <u>Training & Experience Verification Form</u> documenting at least six months of nail technician work experience |
| | Completion of the Virginia apprenticeship program in nail care |
| | Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative |
| | Nail technician training obtained in any Virginia state institution |
| 10 | Required Documentation: Attach a completed <u>Training & Experience Verification Form</u> |
| 13. | Do you hold a <u>current</u> or <u>expired</u> Barber, Cosmetology, or Nail Technician license, certification or registration in any state or jurisdiction within the United States or its territories (excluding Virginia) ? |
| | No 🗌 |
| | Yes 🔲 If yes, complete the following table. |
| | State/Jurisdiction License, Certification or Registration Number Expiration Date |

| State/Jurisdiction | License, Certification or Registration Number | Expiration Date |
|--------------------|---|-----------------|
| | | |
| | | |
| | | |

- 14. Have you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No 🗌
 - 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. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virginia) local, state or national regulatory body?
 - No 🗌
 - 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.
- 16. Have you ever been convicted in any jurisdiction of a *misdemeanor and/or felony*? 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

- Yes If yes, applicants are <u>required</u> to attach an <u>original criminal history record</u> issued by the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state in which they have convictions. Virginia residents may request complete criminal records from the Virginia State Police at <u>www.vsp.state.va.us</u> or by phone at 804-674-6718.
- * For each conviction, 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; <u>and</u> any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation etc.).
- 17. Are you applying for a temporary permit? DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY 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 nail care for the named applicant, and shall be responsible for his/her nail technician activities during the time the temporary permit is in force.

| Printed Name of Sponsor | Signature of Sponsor |
|---|----------------------|
| Sponsor's VA Nail Technician or Cosmetology License No. | |
| | |

18. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia 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

- 19. 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:
 - \Rightarrow 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.