

FOR OFFICE USE ONLY

Cosmetology Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- High School Diploma
- Transcript - (Instructor)
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Hairdressing & Barbering**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

FOR OFFICE USE ONLY

License # _____
Name _____

- Barber Instructor
- Hairdresser Instructor
- Manicurist Instructor
- Esthetician Instructor

Endorsement **Examination**

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

***IMPORTANT** - Instructor Requirements**

You must have held a license for at least three years (3) as a hairdresser/cosmetologist, barber, manicurist or esthetician and satisfactorily completed three-hundred (300) hours of instruction in hairdressing/cosmetic therapy, barber, manicuring or esthetician teacher training approved by the Department.

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$25.00** and attached to the upper left-hand corner of the first (Top) page of the application. **THIS APPLICATION FEE IS NONREFUNDABLE.**
- Copy of Driver's License or State Issued ID
- Copy of high school diploma or GED. If you graduated from a foreign High School, you must contact the Center for Education, Boston MA at (617-338-7171) for High School Verification
- Official transcript from a qualifying school of Hairdressing/Barbering/Esthetics/Manicuring (Instructor Program) sent directly to the Board. **Fascimiles will not be accepted.** This transcript includes the date of completion, graduation, and number of hours.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license including the state of original licensure verifying that you have passed a written and practical examination. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

Written Examination Information

Applicants by exam must schedule their own appointment with our testing service for the NIC written exam. Contact PSI at www.psiexams.com to schedule your appointment. **No applicant should schedule the written exam until he/she has completed all of the required hours for licensure.**

Foreign-Trained Applicants - Compliance with the Rules and Regulations R5-10 HAIR, **“Requirements for Applicants from Another Country”**

Please refer to our Rules and Regulations to be sure you meet our licensing requirements. You must have passed both a written and practical examination in the state where you were licensed. If you did not take both examinations, you will be required to take the missing examination(s) here in Rhode Island.

You must have completed the necessary hours of training: Barber, 1500; Esthetician, 600; Hairdresser, 1500; Manicurist, 300 and those hours must be verified by the receipt of a transcript directly from your school.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



State of Rhode Island

Board of Hairdressing & Barbering

Application for License as a Hairdresser/Barber/Manicurist/Esthetician/Instructor

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

<input style="width: 100%; height: 20px;" type="text"/>	Title (i.e., Mr., Mrs., Ms., etc.)
<input style="width: 100%; height: 20px;" type="text"/>	First Name
<input style="width: 100%; height: 20px;" type="text"/>	Middle Name
<input style="width: 100%; height: 20px;" type="text"/>	Surname, (Last Name)
<input style="width: 100%; height: 20px;" type="text"/>	Suffix (i.e., Jr., Sr., II, III)
<input style="width: 100%; height: 20px;" type="text"/>	Maiden, if applicable
Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). <input style="width: 100%; height: 20px;" type="text"/>	

2. Social Security Number

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
U.S. Social Security Number				

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

Male
 Female

4. Date of Birth

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Month		Day		Year

5. Home Address

It is your responsibility to notify the board of all address changes.

<input style="width: 100%; height: 20px;" type="text"/>				
1st Line Address (Apartment/Suite/Room Number, etc.)				
<input style="width: 100%; height: 20px;" type="text"/>				
Second Line Address (Number and Street)				
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	-	<input style="width: 30px; height: 20px;" type="text"/>
City	State	Zip Code		
<input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 100%; height: 20px;" type="text"/>	
Country, if NOT U.S.			Postal Code, if NOT U.S.	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	-	<input style="width: 30px; height: 20px;" type="text"/>
Home Phone		Home Fax		
<input style="width: 100%; height: 20px;" type="text"/>				
Email Address (Format for email address is Username@domain e.g. applicant@isp.com)				

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

<input style="width: 100%; height: 20px;" type="text"/>				
Name of Business/Work Location				
<input style="width: 100%; height: 20px;" type="text"/>				
1st Line Address (Department/Suite/Room Number, etc.)				
<input style="width: 100%; height: 20px;" type="text"/>				
Second Line Address (Number and Street)				
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	-	<input style="width: 30px; height: 20px;" type="text"/>
City	State	Zip Code		
<input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 100%; height: 20px;" type="text"/>	
Country, if NOT U.S.			Postal Code, if NOT U.S.	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	-	<input style="width: 30px; height: 20px;" type="text"/>
Business Phone	Extension	Business Fax		

Applicant: Print your complete last name >

7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address
Please use my Business Address as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (High School, University, College, Trade/Technical School etc.)

Type of School (High School, University, College, Trade/Technical School etc.)

Name of School

Name of School

Date Graduated: Month Year

MANDATORY

Name of School of Cosmetology

Name of School of Cosmetology

Date Graduated: Month Year Total Number of Classroom Hours

** MUST BE AN INSTRUCTOR PROGRAM**

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? Yes No

If the answer to this question is "yes", list the original state of licensure, license number, and, if applicable, enter all other state abbreviation(s) of licenses in Question 10 (below). Send "Interstate Verification Form" (page 10) to each state in which you are, or ever have been, licensed:

Original Licensure State License Number

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

State/Country: Active Inactive (repeated for multiple entries)

DOCUMENTATION NEEDED: YOU must send an "Interstate Verification Form" to each state in which you are, or ever have been, licensed (Make copies as needed)

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Yes No

Abbreviation of State and Conviction (e.g. CA - Illegal Possession of a Controlled Substance):

Month Year (repeated for multiple entries)

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Hairdresser/ Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hairdressing & Barbering of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

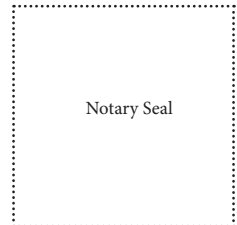
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)





Rhode Island Board of Hairdressing & Barbering

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable - Copy this form as needed.

INTERSTATE VERIFICATION FORM - ORIGINAL AND ALL OTHER STATES OF LICENSURE

I am applying for a license to practice as a Hairdresser/Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island. The Rhode Island Board of Hairdressing & Barbering requires that the following form be completed by the jurisdiction in which I obtained my original license and all other states of licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Hairdressing & Barbering at the above address.

Print/Type Full Name _____	Signature _____	Date _____
Previous Names Used _____	Social Security Number _____	Date of Birth _____
License Number _____	Date Issued _____	

THIS SECTION TO BE COMPLETED BY THE COSMETOLOGY BOARD

Cosmetology Program Completed:		Graduation Date:	
Location:		Number of Hours Completed:	
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed both Written & Practical Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No		
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:	
<p>Questions:</p> <p>1. Does the applicant have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has this licensee ever been investigated by your Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you know of any information that may discredit this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes" to questions 2-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Certification:

Signature _____	Date _____
Type or Print Name _____	
Title _____	
Full Name of Licensing Board _____	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.