Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov



## Virginia Board for Barbers and Cosmetology INSTRUCTOR CERTIFICATION APPLICATION

(Only for applicants who are not required to take the Instructor Examination.)

BY COURSE

Trans

Fee \$110.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the certification you are requesting and means of applying for the Instructor Certificate:

**CERTIFICATE** 

		1301 - Ba	rber ad	lding Ins	struct	or *						]	50	)22					
		1301 - Master Barber adding Instructor*											50	)27					
		1204 - Cosmetology Instructor										]	10	)22					
		1207 - Na	il Tech	nician Ir	struc	tor *	*						10	)22					
		1215 - W	ax Tech	nician I	nstru	ctor	**						10	)22					
		1262 - Es	theticia	n Instru	ctor*	k							10	)22					
		1265 - Master Esthetician Instructor *										]	10	)22					
		1239 - Tattooing Instructor										]	10	)23					
		rm. Co	n. Cosmetic Tattooing (PCT) Instr.								]	10	)23						
		1250 - Master Perm. Cosmetic Tattooing Instr.							10	)24									
		1250 - PC	CT Instr	. upgrad	ding t	o a N	/laste	er PC	Inst	·.		]	50	)20					
	An individual holding a Cosn or Wax Technician Instructor An individual holding an Est Technician Instructor Certifica Provide your <i>current</i>	Certificate. netician Ins ate.	tructor	or Mast	er Es	theti	cian	Instrud	tor o	ertific	ate ca	an te		-	-				
٠.	Virginia License Nur	, <u> </u>	I	101 1100		Idili			T				ion	Date					
	➤ If you do <b>not</b> hold		rainia nr	actitione	r licor	so in	VOLIT	respe	tivo r			•				for a	Inef	ructo	 icato
	<ul> <li>If you are applying license or master</li> </ul>	for a Perm	anent C	osmetic <sup>*</sup>	Tattoo	er In	-	-				-		-	-				
2.	Full Legal Name (As	it appears	on you	r goverr	ment	issu	ied II	D or o	her le	egal	docu	men	tatio	n.)					
	Last (required)			First (re	quired)						Mid	ldle							 Suffix
3.	Provide at least one	f the follo	wing id	entifica	tion	num	bers	*.											
	Social Security	<b>Number</b> a	nd/or							-			- [			$\Box$	7		
	<u>Virginia</u> DMV Co	ntrol Numb	er				Ē		T		T	〒				T	Ī		
	Enter the same identification	cation numbe	r as used	l on exam	ination	, prev	rious a	applicati	ons or	licen	ses on	file w	ith th	e depa	artmei	nt.	_		

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.

ENTITY #

OFFICE USE ONLY

DATE

FEE

TRANS CODE

ISSUE DATE

FILE #/LICENSE #

4.	Date of Birth  MM/DD/YYYY
5.	Maiden or Former Name(s)
6.	Mailing Address (PO Box accepted)
	The mailing address will be printed on the license.  City  State  Zip Code
7.	Street Address (PO Box <u>not</u> accepted)  PHYSICAL ADDRESS REQUIRED  Check here if Street Address is the <u>same</u> as the Mailing Address listed above.
	City State Zip Code
8.	Contact Numbers Primary Telephone Alternate Telephone
9.	Email Address
	Email address is considered a public record and will be disclosed upon request from a third party.
10.	Have you been <i>previously</i> licensed in Virginia as a Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, Master Esthetician, Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer?  No  Yes  If yes, provide your license number and expiration date below
	VA License Number Expiration Date
11.	Are you applying for Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician Instructor Certification?  No  Yes  If yes, which of the following Instructor courses have you successfully completed?  A course in teaching techniques at post-secondary level  Required Documentation: Transcripts and/or diploma
	An instructor training course approved by the Virginia Board for Barbers and Cosmetology under the supervision of a certified barber, master barber, cosmetology, nail technician or wax technician instructor (respectively)
	Required Documentation: Attached a completed <u>Training Verification Form</u> .
	DO NOT SUBMIT <u>Training Verification form</u> to the exam vendor. <u>Mail directly to DPOR at the address provided</u> at the top of this application.
12.	Are you applying for <b>Esthetician</b> or <b>Master Esthetician</b> Instructor Certification?  No  Yes If yes, attach documentation of completing a course in teaching techniques at a post-secondary level.  **Required Attachment(s): Transcripts and/or diploma showing successful completion.
13.	Are you applying for <b>Tattooer, Permanent Cosmetic Tattooing</b> , or <b>Master Permanent Cosmetic Tattooing</b> Instructor Certification?  No
	Yes If yes, complete the <u>Body Piercer/Tattooer - Experience Verification Form</u> documenting <u>three years</u> of tattooing work experience within the previous five years and include with this application (more than one form may be submitted to document three years of experience).

**DO NOT SUBMIT** <u>Body Piercer/Tattooer - Experience Verification</u> form to the exam vendor. <u>Mail directly to DPOR at the address provided at the top of this application.</u>

14.	body? This includes b	ject to a <u>disciplinary action</u> taken by <u>any</u> (inclut is not limited to any monetary penalties, find had a disciplinary action or voluntary termination or	es, suspensions, revocations, surrender of a
	Yes  If yes, co	nplete the Disciplinary Action Reporting Form.	
15.	•	pplication for licensure, certification or registration waxing, nail care, esthetics, body-piercing, or gulatory body?	
	Yes  If yes, co	nplete the <u>Denial of Licensure Reporting Form</u> .	
16.	-	en convicted or found guilty, regardless of the may felony within the last 20 years?	anner of adjudication, in any jurisdiction of the
	_	s, complete the <u>Criminal Conviction Reporting Fo</u>	orm.
	United States of a physical injury wit No ☐	onvicted or found guilty, regardless of the mar- ny <u>misdemeanor</u> involving moral turpitude, sex in the last two (2) years? s, complete the <u>Criminal Conviction Reporting Fo</u>	ual offense, non-marijuana drug distribution o
17	Dy signing this applicat	on Leartify the following statements:	
17.	I am aware that	on, I certify the following statements: submitting false information or omitting pertinent elay processing and may lead to license revocati	
	requested licens	Board of any changes to the information prove, certification, or registration including, but not limeanor (in any jurisdiction).	
	person, or any	repartment to verify information concerning me source the department may contact. I also agsted by the Department.	
		ederal, state or local government agency, curr se information which may be required for a back	
	of Title 54.1, (	erstand and complied with all the laws of Virginia hapter 7, of the <i>Code of Virginia</i> and the <i>V</i> ooing Regulations, or Esthetics Regulations.	·
	Signature		Date