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 <u>not</u> required to take the Instructor Examination.)

Fee \$115.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> 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:

BY COURSE		BY EXPERIENCE	
Х	Trans	Х	Trans
	5022		
	5027		
	1022		
	1022		
	1022		
	1022		
	1022		
			1022
			1022
		X Trans	X Trans X

\* An individual holding a Barber Instructor certificate can teach at the same level as their practitioner's license.

TRANS CODE

- \*\* An individual holding a **Cosmetology Instructor** certificate can teach nail care and waxing without obtaining a separate Nail Technician Instructor or Wax Technician Instructor Certificate.
- An individual holding an Esthetician Instructor or Master Esthetician Instructor certificate can teach waxing without obtaining a separate Wax Technician Instructor Certificate.
- Technician Instructor Certificate. Provide your *current* Virginia practitioner license number and expiration date: Virginia License Number **Expiration Date** If you do not hold a current Virginia practitioner license in your respective profession, you do not qualify for a Instructor certificate. If you are applying for a Permanent Cosmetic Tattooer Instructor certificate, you may hold a current Virginia permanent cosmetic tattooer license or master permanent cosmetic tattooer license. Full Legal Name (As it appears on your government issued ID or other legal documentation.) Last (required) First (required) Middle Generation Provide at least **one** of the following identification numbers\*: Social Security Number and/or Virginia DMV Control Number Enter the same identification number as used on examination, previous applications or licenses on file with the department. 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. 4 Date of Birth MM/DD/YYYY 5. Maiden or Former Name(s)

ENTITY #

OFFICE USE ONLY DATE

FFF

FILE #/LICENSE #

ISSUE DATE

6.	6. Mailing Address (PO Box accepted)  The mailing address will be printed on the license.						
Street Address (PO Box <u>not</u> accepted PHYSICAL ADDRESS REQUIRED			City State Zip Code  Check here if Street Address is the <u>same</u> as the Mailing Address listed above.				
			City		State	Zip Code	
8.	Contact Numb	ers Primary Teleph	none	Alternate Telephone		-ax	
9.	Email Address		·				
10.	Have you hee		Email address is considered a public record and will be disclosed upon request from a third party. <b>Party</b> licensed in Virginia as a Barber, Master Barber, Cosmetology, Nail Technician, Wax				
10.	Technician, Es	sthetician, Master Estheticia	n, Tattooer,	or Permanent Cosmetic Tatto	•••	John John Wax	
		If yes, provide your license	number and	•			
		VA License Number			Expiration Date		
11.	Certification?	If yes, which of the following  A course in teaching	g <i>Instructor</i> ng technique	respectively, Nail Technician recourses have you successfules at post-secondary level acripts and/or diploma		Old Historia	
			sion of a ce	approved by the Virginia Bo rtified barber, master barber, ovely)		•	
		Required Documer	<b>ntation:</b> Attacl	hed a completed <u>Training &amp; Experien</u>	ce Verification Form.		
		DO NOT SUBMIT <u>Train</u> provided at the top of this		nce Verification form to the exam ver	ndor. Mail directly to DP	OR at the address	
12.		ng for <b>Esthetician</b> or <b>Mast</b> e	er Esthetici	an Instructor Certification?			
	No  Yes	•	•	ring a course in teaching techn	•	ondary level.	
13.	Are you applyi	ng for <b>Tattooer</b> or <b>Perman</b>	ent Cosmet	ic Tattooing Instructor Certific	cation?		
	Yes		previous five	erience Verification Form do be years and include with this a of experience).			
>		<b>BMIT</b> <i>Training</i> & <i>Experienc</i> he top of this application.	ce Verificatio	on form to the exam vendor. M	lail directly to DPOR	at the address	
14.	body? This in	cludes but is not limited to	o any mone	taken by <u>any</u> (including Virgini etary penalties, fines, suspen ntary termination of a license.	,	• •	
	Yes	If yes, complete the Discipli	inary Action	Reporting Form.			

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 <i>denied</i> by any (including Virginia local, state or national regulatory body?  No  Yes  If yes, complete the Denial of Licensure Reporting Form.
16	
16.	A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <b>felony</b> within the last 20 years? <i>Any plea of nolo contendere shall be considered a conviction</i> .  No
	Yes If yes, complete the Criminal Conviction Reporting Form.
	B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, drug distribution or physical injury within the last two (2) years? Any plea of nolo contendere shall be considered a conviction.  No  Yes  If yes, complete the Criminal Conviction Reporting Form.
17.	<ul> <li>By signing this application, I certify the following statements:</li> <li>I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.</li> </ul>
	<ul> <li>I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).</li> </ul>
	<ul> <li>I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or document required or requested by the Department.</li> </ul>
	<ul> <li>I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.</li> </ul>
	<ul> <li>I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetolog Regulations, Tattooing Regulations, or Esthetics Regulations.</li> </ul>
	Signature Date