



The Commonwealth of Massachusetts  
Division of Professional Licensure  
1000 Washington Street Suite 710  
Boston, MA 02118-6100  
Board of Registration of Cosmetology and Barbering  
[www.mass.gov/dpl/boards](http://www.mass.gov/dpl/boards)  
617-727-9940

## **INSTRUCTOR APPLICANTS** **INSTRUCTIONS**

In order to be eligible to apply for an instructor's application you must be able to verify two years of work experience as a Type 1 Cosmetologist, Type 6 Aesthetician, or a Jr. Assistant Instructor.

A completed application must include:

- A copy of your current cosmetology license
- A copy of your high school diploma or Graduate Equivalency Diploma (GED)
- A copy of your driver's license or photo ID
- One 2" x 2" photograph
- A notarized (signed by a notary public with seal) affidavit certifying:
  - a. the date you started and stopped working for each employer
  - b. whether the work was full or part-time (full-time entails 5, 8 hour days per week)
  - c. **two full years** of practical work experience in the field of cosmetology
- Money order or check for \$136.00 made payable to: Commonwealth of Massachusetts. **\*Application fees are non-refundable.\* All money orders must be signed and dated.**

Once the Board has received and processed your application you will be issued a **TEMPORARY PERMIT**. This temporary license will be valid for 6 months and will allow you to work before you take the examination.

If you do not appear for the examination when you are scheduled your temporary permit will expire and you will not be eligible for another one.

You must receive a passing score on the practical examination prior to applying for the written examination. Practical exams are not given in July and August.

Upon passing the practical exam the applicant will receive a Promissor candidate's handbook to take the written exam. Follow all instructions listed in the handbook.

*Normal application processing time for complete applications is between 3-4 weeks.*



9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_
10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction?  Yes:  No If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction?  Yes:  No If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?  Yes:  No If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?  Yes:  No If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?  Yes:  No If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.

15. Present Employer \_\_\_\_\_

16. High School Attended \_\_\_\_\_

Name & Address of School

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

17. Cosmetology School Attended \_\_\_\_\_

Name & Address of School

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

**18. Type of license requested:**  cosmetology instructor  aesthetic instructor

19. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**EMPLOYER'S AFFIDAVIT**

I hereby certify that I am a registered cosmetologist/aesthetician \_\_\_\_\_  
*name*

\_\_\_\_\_ in good standing in the Commonwealth of Massachusetts and that  
*license number*

\_\_\_\_\_ was employed by me (full or part) time under my  
*applicant's name*

supervision from \_\_\_\_\_ to \_\_\_\_\_.  
*month/day/year month/day/year*

**CIRCLE TYPE OF SALON EMPLOYED AT:**

FULL SERVICE SALON TYPE 1      AESTHETIC SALON TYPE 5      SCHOOL

Signed:      **Name of Salon/School Owner/Manager** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Salon/School Name \_\_\_\_\_ Salon/School License # \_\_\_\_\_

**THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES**

Signed under penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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**THIS SECTION TO BE COMPLETED BY APPLICANT**

I \_\_\_\_\_ hereby certify that I am a registered cosmetologist/aesthetician in  
 good standing in the Commonwealth of Massachusetts and that my license number is \_\_\_\_\_ and the  
 expiration date is \_\_\_\_\_.  
*month/day/year*

Signature of applicant \_\_\_\_\_

Name of Notary Public \_\_\_\_\_

Date Commission expires \_\_\_\_\_

Seal

# CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

## FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

