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 drivers license
- A copy of your social security card
- 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 (no personal checks accepted) made payable to the Commonwealth of Massachusetts. All money orders must be signed and dated. (this fee includes application, temporary license and practical examination).

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.

*All application fees are non-refundable.*

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

*Incomplete applications can further delay processing time.*
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
617-727-9940
Instructor Application-Fee $136.00

Please attach recent 2” X 2” passport photograph here

1. Applicant Name: ____________________________________________
   Last                       First                       Middle

2. Maiden Name:________________________________________________

3. Current License#:____________________
   License Expiration Date:______________

4. Date of Birth:__________
   Place of Birth:____________________

5. Permanent Address:________________________________________
   No.                       Street                   Apt. #
   __________________________________________________________
   City/Town                State                    Zip Code

6. Business Address (If Applicable):____________________________
   No.                       Street                   Apt. #
   __________________________________________________________
   City/Town                State                    Zip Code

7. Telephone Number-Day:______________
   Evening:________________________

8. Social Security Number (Mandatory):__________________________
   Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.
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. Beauty School Attended

   Name & Address of School

   Date Started: ____________ Date Finished: ____________

17. Type of license requested: ☐ cosmetology instructor ☐ aesthetic instructor

18. 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
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

Signed: Name of Salon Owner/Manager ________________________________

Address ________________________________

City & State ________________________________ Telephone # _____________

Salon Name ________________________________ Salon License # ___________

THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES

Signed under penalties of perjury this _____ day of _________________ 20 ___

THIS SECTION TO BE COMPLETED BY APPLICANT

I ________________________________ hereby certify that I am a registered 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