English Español	This document is important and should be translated immediately. Este documento es importante y debe ser traducido de inmediato.
Português	Este documento é importante e deve ser traduzida imediatamente.
Italiano	Questo documento è importante e deve essere tradotto immediatamente.
Ελληνικά	Το έγγραφο αυτό είναι σημαντικό και θα πρέπει να μεταφράζονται αμέσως.
Français	Ce document est important et doit être traduit immédiatement.
中文	汶份文件是重要的,応当分即转换。

Out of Country Education

The Massachusetts Board of Registration of Cosmetology ("Board") has voted to require candidates with out of country education to provide certain backup documentation to ensure said education is legal, valid, and substantially equivalent to that of Massachusetts.

Requirements

1. Breakdown of Hours – Must be certified by <u>school</u>. Must document topics and clock hours for each clock hour. If not in English, must be translated into English.

Example: 300 hours skin care – DENIED (too vague)

Example: 25 hours waxing, 8 hours skin diseases, etc. – WILL BE ACCEPTED

NOTE: Applicants may be required to take additional courses depending on breakdown of hours

2. Government Verification:

- A. Needed to show school is valid and legal
- B. Must be provided by Government where school is located
- C. Must be original document with government <u>letterhead</u> and <u>signature</u> of government official showing school was <u>authorized or licensed</u>
- D. If not in English, provide English translation
- E. Must have dates when school received government authorization

The following will **NOT** be accepted:

- 1) Photocopies (not original documents)
- 2) Newspaper or website printouts
- 3) Documents signed by school officials or professional associations
- 4) Documents showing school was licensed <u>after</u> applicant attended (school must be valid when applicant attended)
- 5) Documents indicating apprenticeships must be formal education
- 6) Documents certifying attendance by applicant, these do not show the school itself was authorized to operate.



The Commonwealth of Massachusetts Division of Professional Licensure 1000 Washington Street, Suite 710, Boston, MA 02118 Board of Registration of Cosmetology and Barbering

www.state.ma.us/reg/boards/hd 617-727-9940

OUT OF COUNTRY APPLICANTS

INSTRUCTION SHEET

All applicants are required to take a practical & written examination.

A COMPLETED APPLICATION MUST INCLUDE:

- A small 2x2 photo
- 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.
- All documents must be originals and translated by an accredited agency.
- A notarized affidavit (signed by a notary public with seal) from your school of hairdressing, certifying your dates of enrollment and completion of your course of study, as well as the exact number of hours of training in each subject.
- A second notarized affidavit (signed by a notary public with seal), this time from your employer, if you have worked after completion of your in-school training. Self-employed applicants, a notarized affidavit from your landlord is acceptable.
- All affidavits must be notarized (signed by a notary public with seal) in the country where you worked or studied. All affidavits will become the property of the Board.
- You will need to provide proof that the educational program you attended is recognized by your government.

Normal application processing time for <u>complete</u> applications is between 3-4 weeks. Incomplete applications can further delay processing time.

Please use this check list to ensure your application is complete. Please do not submit your application until it is complete. Incomplete applications will only be held for a maximum of 30 days. After 30 days, the application will be considered abandoned. If you still require the license, you will be required to reapply

Your application must in	clude:
A small 2x2 phot	o
A copy of your p	eassport
• • • • • • • • • • • • • • • • • • •	eck for \$136.00 made payable to: Commonwealth of Massachusetts. re non-refundable.* All money orders must be signed and dated.
All documents m	ust be originals and translated by an accredited agency.
enrollment and co	avit from your school of hairdressing, certifying your dates of ompletion of your course of study, as well as the exact number of g in each subject.
employer, if you	ed (signed by a notary public with seal) affidavit, this time from you have worked after completion of your in-school training or Self-employed applicants, a notarized affidavit from your landlord is
	st be notarized (signed by a notary public with seal) in the country d or studied. All affidavits will become the property of the Board.
You will need to pyour government.	provide proof that the educational program you attended is recognized by

Please complete and return with application



The Commonwealth of Massachusetts Division of Professional Licensure 1000 Washington Street Suite 710 Boston, MA 02118-6100

Board Registration of Cosmetology and Barbering

www.mass.gov/dpl/boards/hd 617-727-9940

Out of Country Application-Fee 136.00 Practical & Written Exam Required

BOARD USE ONLY			Please attach recent
Board: License #:			2" X 2"
Type: Cash #: Cash Date:			passport photograph here
Applicant Name: Last		First	Middle
2. Maiden Name:			
	BOARD USE O		Lia Evn Data
Status Code: Is	ssue Date:		Lic. Exp. Date:
4. Date 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. Contact Phone Number:	C	ell Phone Nu	ımber:
E-mail address:			
8. Social Security Number (Manda Pursuant to G.L. c. 62C, s. 47A, your social security number and Revenue will use your social sec	the Division of Proforward it to the D	epartment of	f Revenue. The Department of

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? \(\sigma\) Yes: \(\sigma\) 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? \(\sigma\) Yes: \(\sigma\) 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.	Cosmetology School Attended_
	Name & Address of School Date Started: Date Finished:
16.	Type of license requested in MA : □ cosmetology □ manicuring □ aesthetics □ cosmetology instructor □ aesthetic instructor □ demonstrator *** <u>Separate</u> applications and fees are required for each type of license. You must submit proof of either training or current licensure in that subject in order to be eligible for that type of license.
17.	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



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710
Boston, MA 02118-6100
Board of Cosmetology
www.mass.gov/dpl/boards/hd
617-727-9940

EMPLOYER'S AFFIDAVIT FOR OUT OF STATE/COUNTRY APPLICANT

STATE OF		_ COU	INTRY OF	
I hereby certify that I am a Regi	stered Cosr	netologist,		in the country
I hereby certify that I am a Regi		<i>U</i> ,	License Number	
of		and that		_ was in my
Country employ as a		Appli	icant's Name	
employ as a			and worked	under
Hairdresser, A	Aestheticiar	ı or Manicurist	Full/Pa	ırt Time
supervision from	to		in a beauty shop located	in
month/da	y/year	month/d	lay/year	
City State		Zip Code	Telephone Num	ber
ERASURES OR CHANGES I	N DATES	ARE NOT AC	CCEPTABLE	
NOTARY SEAL	Nama			
NOTAKT SEAL	ivaille.	Shon	Owner's Name	
This affidavit must be notarized	Δddres			
in the Country where signed.	Addics			
in the Country where signed.		State:		de:
		Telephone #		
		Signature:		
		N	Aanaging Cosmetologist	
	Notary		Print)	
	Notary	Public (Signatu	are)	
	, J	(8	-,	
This Portion Below to be Filled	Out Only i	f You Are or Ha	ave Reen a Property Owner	
This I ofton Below to be I med	Out Only I	1 Tou The of the	ave Been a Property Owner	
	AFFIDA	VIT FROM SA	LON OWNER	
Country of			2011 0 11121	
I hereby certify that I am or was	a property	owner in the co	ountry of	and that
I owned the property located at			•	
and that	owned	and operated a	beauty salon at this location	
from	to			
month/day/year		month/day/yed	ar	
Subscribed and sworn before me	e this	day	of	
NOTARY SEAL	Name o	of Property Own	ner	
		Present Addre	ess:	
This affidavit must be notarized		City:		
in the country where signed.		Signature of C	Owner:	
, ,				
	Notary	Public (Please I	Print)	
			re)	

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	d 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.

SUBJECT INFO	<u>RMATION</u> : (An asterisk (*) d	enotes a required field)		
Last Name	*First Name	Middle N	lame	Suffix
Maiden Name (oi	r other name(s) by which you ha	ave been known)		
Date of Birth		Place of Birth		
Last Six Digits of	Your Social Security Number:		-	
Sex: H	leight: ft in. Eye	e Color:		
)river's License o	r ID Number:	State of Issue:		
Current and Form	er Addresses:			
Number	Name	City/Tov	vn State	e Zip
above-referenced Passport	Name IFICATION BY DPL EMPLOY subject by reviewing the follow State-issued driver's license	ing form(s) of governmen	verified the identi	ity of the
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SECTION A: VER above-referenced Passport	State-issued driver's license Name of Verifying [EE : I hereby certify that I ing form(s) of governmen	verified the identi t-issued identifica State-issued ident rint)	ity of the
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ECTION A: VER bove-referenced Passport VERIFIED BY ECTION B: VER On this da ppeared nrough satisfacto Passport b be the person w	State-issued driver's license (:	EE: I hereby certify that I ing form(s) of government Military identification DPL Employee (Please Post Please Po	verified the identiti-issued identifical State-issued identifical rint) e Print) ed notary public, gner), and proved	Date personally I to me

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).