

English	This document is important and should be translated immediately.
Español	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	这份文件是重要的，应当立即翻译。

## 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 school. 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)

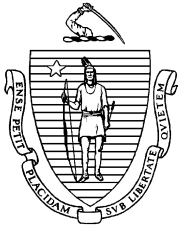
Example: 25 hours waxing, 8 hours skin diseases, etc. – WILL BE ACCEPTED

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 letterhead and signature of government official showing school was authorized or licensed
  - 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 after 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](http://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 complete 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 include:

\_\_\_\_\_ A small 2x2 photo

\_\_\_\_\_ A copy of your passport

\_\_\_\_\_ 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 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 (signed by a notary public with seal) affidavit, this time from your employer, if you have worked after completion of your in-school training or apprenticeship. Self-employed applicants, a notarized affidavit from your landlord is acceptable.

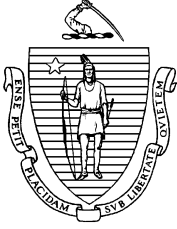
\_\_\_\_\_ All affidavits must be notarized (signed by a notary public with seal) in the country where you worked or studied. All affidavits will become the property of the Board.

\_\_\_\_\_ You will need to provide proof that the educational program you attended is recognized by your government.

Please complete and return with application







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 \_\_\_\_\_ COUNTRY OF \_\_\_\_\_

I hereby certify that I am a Registered Cosmetologist, \_\_\_\_\_ in the country  
 of \_\_\_\_\_ and that \_\_\_\_\_ was in my  
 employ as a \_\_\_\_\_ and worked \_\_\_\_\_ under  
 supervision from \_\_\_\_\_ to \_\_\_\_\_ in a beauty shop located in  
 \_\_\_\_\_  
*License Number*  
*Country* *Applicant's Name*  
*Hairdresser, Aesthetician or Manicurist* *Full/Part Time*  
*month/day/year* *month/day/year*

\_\_\_\_\_  
*City* *State* *Zip Code* *Telephone Number*

**ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE**

NOTARY SEAL

Name: \_\_\_\_\_  
*Shop Owner's Name*

This affidavit must be notarized  
 in the Country where signed.

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_

*Managing Cosmetologist*

Notary Public (Please Print) \_\_\_\_\_  
 Notary Public (Signature) \_\_\_\_\_

This Portion Below to be Filled Out **Only** if You Are or Have Been a Property Owner

**AFFIDAVIT FROM SALON OWNER**

Country of \_\_\_\_\_

I hereby certify that I am or was a property owner in the country 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/year*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY SEAL

Name of Property Owner \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Signature of Owner: \_\_\_\_\_

This affidavit must be notarized  
 in the country where signed.

Notary Public (Please Print) \_\_\_\_\_  
 Notary Public (Signature) \_\_\_\_\_

# 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.

