

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 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.

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Instructor Application-Fee \$136.00

BOARD USE ONLY Board: License #: Type:			Please attach recent 2" X 2"	
Cash #: Cash Date:			passport photograph here	
Applicant Name: Last		First	Middle	
2. Maiden Name:		2 2200		
3. Current License#:		License E	xpiration Date:	
Status Code:		RD USE Of Date:		
4. Date of Birth:			<u> </u>	
5. Permanent Address:				
No.		Street	Apt. #	
City/Town		State	Zip Code	
5. Business Address (If Applicable):	: No.	Street	Apt. #	
-	City/Town	State	Zip Code	
7. Contact Phone Number:		Cell Pho	ne Number:	
	ne Division of Pro artment of Reven	ue. The Depa	censure is required to obtain your soci artment of Revenue will use your soci laws of the Commonwealth.	

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	jurisdiction and the state/jurisdiction from w issued. Please attach a certificate of standing are licensed/certified, indicating the status of information.	g from each state or jurisdiction in which you
10.	Has any disciplinary action been taken again in the United States or any country or foreig notarized letter must be submitted with this a explanation and description of incident.	
11.	Are you the subject of pending disciplinary as in the United States or any country or foreign otarized letter must be submitted with this a explanation and description of incident.	
12.	Have you ever voluntarily surrendered or reslicensing/certification board in the United St ☐ Yes: ☐ No If yes, a notarized letter musshould contain an explanation and description	tates or any country or foreign jurisdiction? It be submitted with this application. The letter
13.	country or foreign jurisdiction? Yes:	a professional license in the United States or any No If yes, a notarized letter must be submitted ain an explanation and description of incident.
14.		traffic violation for which a fine of less than s, a notarized letter must be submitted with this
15.	Present Employer_	
16.	High School Attended_	
		Address of School
	Date Started:	Date Finished:
17.	Cosmetology School Attended	
		Address of School
	Date Started:	Date Finished:
18.	Type of license requested: ☐ cosmetology	y instructor aesthetic instructor
19.		ruthful and accurate. I understand that the be grounds for the Massachusetts Board of right to sit as a candidate or to suspend or with Massachusetts Law. I further attest that, of my knowledge and belief, I have filed all state
	Signature of Applicant	Date

9. List any licenses/certifications you hold in the United States or any country or foreign

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EMPLOYER'S AFFIDAVIT

I hereby ce	ertify that I am a registered c	osmetologist/ae	esthetician		
•	•			name	
	in good standin	g in the Commo	onwealth of Massach	usetts and that	
license nun	nber				
	V	as employed by	y me (full or part) tin	ne under my	
арр	olicant's name				
supervision	n from	to			
	n from month/day/year		month/day/year		
	CIRCI	E TYPE OF S	SALON EMPLOYE	D AT:	
FULL SER	RVICE SALON TYPE 1	AESTHETIC	SALON TYPE 5	SCHOOL	
Signed:	Name of Salon/School Address				
	City & State		Telephone #		
	Salon/School Name				
	THIS FORM WILL NOT	BE ACCEPTE	ED WITH ERASURE	S OR DATE CHANGES	1
Signed und	ler penalties of perjury this _	day of _		20	
	THIS SECT	ION TO BE C	OMPLETED BY A	PPLICANT	
I		hereby certi	fv that I am a register	ed cosmetologiest/aesth	etician in
good stand	ing in the Commonwealth o	f Massachusett			
		month/do	ay/year		
Signature of	of applicant				
Name of N	Iotary Public				
	mission expires				
				Cool	

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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
SECTION A: VER bove-referenced Passport	State-issued driver's license	EE : I hereby certify that I ing form(s) of governmen	verified the identi t-issued identifica State-issued ident	ity of the
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SECTION A: VER bove-referenced Passport VERIFIED BY	State-issued driver's license Name of Verifying [EE : I hereby certify that I ing form(s) of government Military identification DPL Employee (Please P	verified the identi t-issued identifica State-issued ident rint)	ity of the tion: ¹ tification ca
SECTION A: VER above-referenced Passport VERIFIED BY	State-issued driver's license (: Name of Verifying I	EE: I hereby certify that I ing form(s) of government Military identification DPL Employee (Please Pumployee)	verified the identitical trissued identifical State-issued identifical state-issued identifical rint)	ity of the tion: ¹
SECTION A: VER above-referenced Passport VERIFIED BY SECTION B: VER	State-issued driver's license (:	EE: I hereby certify that I ing form(s) of government Military identification DPL Employee (Please Plang DPL Employee (Please Plang DPL Employee) before me, the undersign (name of document sign)	verified the identiti-issued identifica State-issued identifica rint) e Print)	ity of the tion: ¹ tification ca
SECTION A: VER shove-referenced Passport VERIFIED BY SECTION B: VER On this da	State-issued driver's license (:	EE: I hereby certify that I ing form(s) of government Military identification DPL Employee (Please Part of the Ing DPL Em	verified the identiti-issued identifica State-issued identifica rint) e Print)	Date personally I to me
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).