



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
1000 Washington Street, Suite 710, Boston, MA 02118
www.mass.gov/cosmetology
617-701-8792
cosmetologyandbarberingboard@mass.gov

SHOP-EMPLOYED STUDENT APPLICATION

Your application must include:

- A 2" x 2" photo
- A copy of your driver's license
- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

PLEASE NOTE THE FOLLOWING REQUIREMENTS FOR SHOP-EMPLOYED STUDENTS:

- The student cannot be enrolled in an Apprentice Program
- The student and the school must obtain a registration for the student as a shop-employed student before performing any work at a shop
- **Supervision:** Shop-employed students must be supervised at all times by a qualified licensee in accordance with the Board's Policy on Apprenticeship and Student Employment
- **Expiration:** Shop-employed student registrations will expire 180 days after the completion of the student's program.
- **Scope of Practice:** A shop-employed student may not participate in any services in a shop for which he or she has not previously received theory and practical training during school hours. Shop-Employed Students studying manicuring may not perform any manicuring services other than basic manicures and pedicures prior to completion of all of their school hours. Shop-Employed Students studying cosmetology and barbering are prohibited from providing chemical services prior to completion of all of their school hours.
- Shop-employed students who have completed and graduated from their program may provide any service within their scope that they have received training in.

All participating students and shops must comply with the Board's Policy on Apprenticeship & Student Employment, available on the Statutes and Regulations page on the Board's website: www.mass.gov/cosmetology



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Shop-Employed Student Application

BOARD USE ONLY	
Board:	_____
License #:	_____
Type:	_____
Cash #:	_____
Cash Date:	_____

Please attach recent

2" X 2"

passport photograph here

Type of Registration applying for (check one):

☐ Cosmetologist

☐ Barber

☐ Manicurist

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Date of Birth: _____

4. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

5. Contact Phone Number: _____

6. E-mail address: _____

7. Social Security Number (**Mandatory**): _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Occupational 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.

Background Questions

1. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes: ☐ No: ☐

If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

2. Do you hold or have you held a professional license in any jurisdiction?

Yes: ☐ No: ☐

If your license is with the Board, please list your license number:

For other licenses, please contact the jurisdiction's licensing authority and arrange for that authority to send a certificate of standing directly to the Board indicating the status of your license, information on any pending actions, and any disciplinary information.

For questions 3-6, if you answer yes, you must submit a notarized letter explaining the incident.

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?

Yes: ☐ No: ☐

4. Have you ever voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: ☐ No: ☐

5. Have you ever applied for and been denied a professional license in any jurisdiction?

Yes: ☐ No: ☐

6. Have you ever been convicted of a felony or misdemeanor in any jurisdiction?

Yes: ☐ No: ☐

School Information

Name of School _____ School License Number _____

School Address _____

City _____ State _____ Zip Code _____

Program (Cosmetology / Barbering / Manicuring): _____

Student Start Date _____ Scheduled Completion Date _____

School Schedule

Days	MON	TUE	WED	THU	FRI	SAT	SUN	Total
Hours								

Signature of School Official _____ Date _____

Certification

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 of Cosmetology and Barbering 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, §49A, to the best of my knowledge and belief, I and/or the business entity I represent have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

**COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100**

**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:

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, 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.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

* Social Security Number: - -

Sex: Height: ____ ft. ____ in. Eye Color: ____

Driver's License or ID Number: State of Issue: ____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee

Date

SECTION B: VERIFICATION BY NOTARY:

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

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