

FOR OFFICE USE ONLY

Cosmetology Checklist

- Endorsement Examination
- App. & Fee - \$50.00
- Date: _____ Check _____
- Birth Certificate
- Photo
- High School Diploma
- Transcript
- SSN
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Hairdressing & Barbering**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

License # _____
Name _____

- Barber
- Hairdresser Hairdresser Instructor
- Manicurist Manicurist Instructor
- Esthetician Esthetician Instructor

- Endorsement** **Examination**

Retake? yes no

Spanish? yes no

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Licensure Requirements

U.S. Graduates

- Fee of **\$50.00** (Non Refundable - Check or Money Order ONLY - Payable to RI General Treasurer).
- Recent passport type photograph.
- Original U.S. birth certificate, or copy that has been notarized as a true copy of the original or, if born outside the U.S.; original notarized copy of citizenship or Lawful alien status (Submitted documents will **NOT** be returned to you).
- Official transcript sent directly from the school of Hairdressing/Barbering/Esthetics/Manicuring.
- High School transcript sent directly from school; or notarized copy of diploma or GED.
- Photo Copy of an ***out-of-state license*** (If applicable).
- License Verifications sent directly from the board of original licensure verifying that you have passed a written and practical examination (if applicable).
- Verification of licensure from each state in which you have ever been licensed.

Foreign-Trained

- Requirements listed under U.S. Graduates.
- Compliance with R5-10 HAIR, Section 9.0 “**Requirements for Applicants from Another Country**”
- If you graduated from a foreign High School, you must contact the Center for Education, Boston MA., at **(617) 338-7171** for High School Verification.

90-day Temporary License (Endorsement Only)

- Non-renewable under any circumstances, and are issued only **once**

Rules and Regulations/Laws

The rules and regulations governing the “Licensure of Barbers, Hairdressers/Cosmeticians, Hairdresser Instructors, Manicurists or Estheticians” can be obtained at the following web site:

www.rules.state.ri.us/rules/released/pdf/DOH/DOH_161_.pdf

Title 5, Chapter 10, entitled: Barbers, Hairdressers, Cosmeticians, Manicurists and Estheticians can be downloaded at the following web web site:

www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Hairdressing & Barbering (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/hair_barb.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$50.00** payable to "**RI General Treasurer**" and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is **NON-REFUNDABLE**.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 9). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

**Rhode Island Department of Health
Board of Hairdressing & Barbering
Room 104, 3 Capitol Hill
Providence, RI 02908-5097**

In addition to the materials you mail to HEALTH, the following must be either mailed or requested from other sources.

1. Official transcript from the school of cosmetology must be submitted by the school directly to the Board, at the address listed above. ***Fascimiles will not be accepted.*** This transcript includes the date of completion, graduation, and number of hours. To be eligible for licensure in the State of Rhode Island, ***you must be a graduate of a cosmetology/barbering/manicuring/esthetics program or approved apprenticeship.***
- 2.. Interstate Verification Forms. The original state of licensure must be sent the form on Page 10. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications directly from the licensing authority.

You may obtain the mailing address of all U.S. licensing authorities at the National-Interstate Council of State Boards of Cosmetology

www.nictesting.org

Please, ***do not*** contact the Rhode Island Board for mailing addresses of other licensing authorities.

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Hairdresser/Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hairdressing & Barbering of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

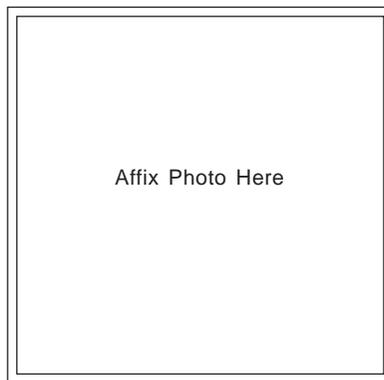
Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or proof of **lawful entry** status (if born outside the United States), and understand that submitted documents will not be returned.
- I have attached a photocopy of an active, out-of-state license (if applicable).
- I have a **check or money order**, made payable (in U.S. funds only) to the “**RI General Treasurer**” in the amount of **\$50.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) (pages 5-8)
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Hairdressing & Barbering.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form - Original State of Licensure

Other Documents

- I have requested a school transcript as instructed.
- I have requested my high school transcript or submitted a notarized copy of my diploma as instructed.



Rhode Island Board of Hairdressing & Barbering

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable - Copy this form as needed.

INTERSTATE VERIFICATION FORM - ORIGINAL AND ALL OTHER STATES OF LICENSURE

I am applying for a license to practice as a Hairdresser/Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island. The Rhode Island Board of Hairdressing & Barbering requires that the following form be completed by the jurisdiction in which I obtained my original license and all other states of licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Hairdressing & Barbering at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE COSMETOLOGY BOARD

Cosmetology Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed both Written & Practical Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date	Please Affix Board Seal Here
Type or Print Name		
Title		
Full Name of Licensing Board		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health

3 Capitol Hill, Providence RI , 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from bankruptcy. (Case # _____)

Type of Professional/Business License for which you are applying.

Full Name (Please Print or Type)

Social Security Number

Signature

Phone Number (including area code if not 401)

Date

This form must be completed, signed and attached to your license application for processing.