



8. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

9. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

10. Applicants who hold a **current** license/certificate:

A. Do you hold a **current** (non-Virginia) license or certificate issued by a regulatory board or government entity?

No  If no, skip to question #11.

Yes  If yes, have you held this license/certificate for at least 3 years?

No  If no, you do not qualify for the Universal license. You may apply by using the Board's Endorsement Application or the Exam & License Application.

Yes

B. Did your current state or your state of original licensure/certification require you to pass an examination?

No  If no, you do not qualify for the Universal license. You may apply using the Board's Endorsement Application or the Exam & License Application.

Yes  If yes, did that state require you to complete any education, training and/or experience requirements to obtain this license/certificate?

No  If no, you do not qualify for the Universal license. You may apply using the Board's Endorsement Application or the Exam & License Application.

Yes

C. Complete the following table and include all **current** and **expired** licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.

A *Certification of Licensure/Letter of Good Standing*\* must be emailed from the state board/regulatory body directly to the Board for Barbers and Cosmetology at [bchoplicensing@dpor.virginia.gov](mailto:bchoplicensing@dpor.virginia.gov) and must be dated within the last 60 days from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Did you pass an examination?	Expiration Date
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	

\* *Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the means of obtaining licensure (i.e. exam, endorsement, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.*

D. Do you have any unresolved complaints or investigations pending against you at the time you submitted this application?

No

Yes  If yes, please give a brief description of this complaint/pending investigation:

**Skip to question #12.**

11. For applicants who **do not hold a current** license/certificate:

A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does not regulate your profession?

No  If no, you do not qualify for the Universal license. You may apply using the Board's [Exam & License Application](#).

Yes  If yes, have you worked in this profession for a least three years?

No  If no, you do not qualify for a Universal License at this time. You may apply using the Board's [Exam & License Application](#).

Yes

B. Have you ever passed an examination for this profession in any state or territory of the United States?

No  If no, you **will** be required to take the Virginia examination upon the Board's review of your application. Applicant will be notified by the Board when they are eligible to sit for the examination with PROV.

Yes  If yes, provide the following information about the examination:

State/Jurisdiction: \_\_\_\_\_ Date of Examination \_\_\_\_\_  
(MM/YYYY)

**Required Documentation:** Attach a copy of a certificate or other documentation showing successful completion of the National/Board-approved examination.

C. List all the states or jurisdictions of the United States where you have practiced this profession:

State/Jurisdiction	Profession/Occupation	Dates of Employment*	
		Start (MM/YY)	Finished (MM/YY)

\*Show a minimum of 3 years of employment.

D. An [Experience Verification Form](#) must be completed and submitted along with this application. Is one attached?

No  Yes

➤ [Experience Verification Forms](#) are located here: Esthetician & Master Esthetician - [Experience Verification Form](#)

12. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state, or national regulatory body? This includes, but is not limited to, any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action, or voluntary termination of a license.

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

13. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 10 years?

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

14. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Esthetics Regulations as applicable*.

Signature \_\_\_\_\_ Date \_\_\_\_\_