

IDAHO STATE BOARD OF COSMETOLOGY

APPLICATION FOR LICENSURE

NOTICE

As noted in Section 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; malpractice or incompetence; continued practice by a person knowingly having an infectious or contagious disease; false or deceptive statements in advertising; habitual use of habit-forming drugs; immoral or unprofessional conduct; submitting a fraudulent application or obtaining a license or permit through fraud; the violation of any other provision of the cosmetology laws or rules. **NOTE: ANY PRACTICE PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.**

All requested information must be provided and all questions must be answered. Applications are not considered complete until all required information, documents, and fees are received. If you have ever held an Idaho license, you are not eligible for licensure by endorsement. The Board will review the information you submit, and may require you to submit additional materials, submit additional fees, and take all or part of the licensure examination.

INSTRUCTIONS AND CHECKLIST FOR APPLICATION BY ENDORSEMENT. Applicants must hold a current license in good standing from a state whose standards are equal to Idaho standards (hours and examination) **OR** hold a current license good standing from another state and have at least three (3) years (36 months) of work experience in the last five (5) years.

- Completed application. All requested information must be provided along with passport photo and notary seal.
- Copy of drivers license or birth certificate.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license or divorce decree if name used on accompanying documents does not match the one on the application.
- Order certification of licensure from the state where you are currently licensed to be mailed to our office.
- Attach correct fees. (\$65 for endorsement and \$10 for original license fee)

CHECKLIST FOR APPLICATION BY EXAMINATION.

- Completed application. All requested information must be provided along with passport photo and notary seal.
- Copy of drivers license or birth certificate.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license or divorce decree if name used on accompanying documents does not match the one on the application.
- If not licensed in another state, transcripts of training must be sent to us directly from the school you attended.
- If you are licensed in another state, certification of licensure and examination type must be ordered and sent directly to IBOL.
- Attach correct original license fees (see list below).
- Proof of successful passage of the required exam.
- Itemized record of instruction with total hours and services completed during training.

In-lieu-of-training hours will be allowed for each year of practical experience gained under licensure. (Please review Rule 401, 407, 413, & 419).

Minimum hours required for application by Examination: 2000 for cosmetology; 400 for nail technology; 600 for esthetics; 800 for electrology; and 900 for haircutter.

ENDORSEMENT FEE	\$ 65.00	HAIRCUTTER FEE	\$ 10.00
COSMETOLOGY LICENSE	\$ 10.00	NAIL TECHNICIAN LICENSE	\$ 10.00
ELECTROLOGIST LICENSE	\$ 10.00	ESTHETICIAN LICENSE	\$ 10.00

Applications will not be processed until complete. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IBOL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

The Board has ruled that **all applicants must review the Idaho laws & rules** prior to licensure. The State of Idaho Cosmetology Laws and Rules may be downloaded at: www.ibol.idaho.gov

Questions regarding this application or requirements for licensure may be addressed to: Idaho State Board of Cosmetology, Bureau of Occupational Licenses, PO Box 83720, Boise, Idaho 83720-0063 or e-mail at cos@ibol.idaho.gov

For information on exams and exam times, please contact D.L. Roope at www.dlroope.com.

IDAHO STATE BOARD OF COSMETOLOGY
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063

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Please complete this form by providing the requested information (please print - note the attached instructions). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above.

I hereby submit my qualifications and make application for a license to practice: (please check applicable box(s))

Cosmetology Haircutting Esthetics Nail Technology Electrology

in the State of Idaho under the provisions of Title 54, Chapter 8, Idaho Code as amended.

1. **Full Name** (Mr., Mrs., or Ms.) _____
 (Your full legal name is required. Legal documentation of any name changes from birth to the present may be required.)

2. **Address of Record** _____
 (The above address is public record) Street City State Zip

3. **Mailing address** _____
 (Will be used as address of record if none provided above) Street City State Zip

4. **Place of Birth** _____ **Date of Birth** ____/____/____
 (Proof of age must be attached. See Rule 200.) mm dd yyyy

5. **Social Security No.** ____-____-____ **Home phone** (____) _____ **Business phone** (____) _____
E-mail _____ (this number is not a public record) (This number is public record)

6. **Do you have at least a tenth (10th) grade education or the equivalent?** Yes No
 (Proof of 10th grade education must be attached. See Rule 250.)

7. **Have you completed the required training/experience?** Yes No
Please list the name and address of the school you attended. _____
 (Certified documentation of your training must be received by the Board directly from the training institution or licensing authority No faxed or e-mailed copies will be accepted. Any experience under licensure in another jurisdiction must be noted on the addendum.)

8. **Are you or have you ever been licensed in any state to practice cosmetology wholly or in part?** Yes No
 (If Yes, certification of licensure must be received directly from the licensing authority before your application will be processed. Please review the attached addendum. If previously licensed in Idaho, enter your license number here: _____)

9. **Which parts of the national NIC examination have you taken and passed?** Practical Written/Theory None

10. **Have you ever been convicted of any State or Federal felony?** Yes No
 (If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

11. **Have you had a license revoked, suspended, or otherwise sanctioned in Idaho or elsewhere?** Yes No
 (If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

AFFIDAVIT

I hereby certify under penalty of perjury that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I further certify that I have successfully completed the required training program and have been duly graduated. I further certify that I have reviewed the Idaho Laws and Rules governing the practice of Cosmetology and that I will comply with those laws and rules should I be granted licensure. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or its identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

 Signature of applicant

State of _____, County of _____, ss.
 Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

 Notary Public Official Signature
 My Commission Expires _____

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ADDENDUM

APPLICANT NAME _____

A. CHARACTER REFERENCES: All applicants must provide the names and addresses of three character references below.

_____	_____	_____
Full Name	Full Name	Full Name
_____	_____	_____
Street Address	Street Address	Street Address
_____	_____	_____
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code

B. WORK EXPERIENCE: Please list all work experience obtained under licensure. Experience obtained under a permit or prior to being issued a license will not be considered. Include employer names, addresses, phone numbers and dates of practice.

NAME OF SHOP _____ EMPLOYER'S NAME _____

ADDRESS of SHOP _____ PHONE NO. _____
Street Address, City, State, Zip Code

DATES of PRACTICE _____ TO _____
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP _____ EMPLOYER'S NAME _____

ADDRESS of SHOP _____ PHONE NO. _____
Street Address, City, State, Zip Code

DATES of PRACTICE _____ TO _____
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP _____ EMPLOYER'S NAME _____

ADDRESS of SHOP _____ PHONE NO. _____
Street Address, City, State, Zip Code

DATES of PRACTICE _____ TO _____
mm/dd/yyyy mm/dd/yyyy

If more space is needed, attach a separate sheet of paper

C. PHOTOGRAPH: All applicants must attach an original PASSPORT photo of yourself below.

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

ATTACH PHOTOGRAPH HERE
(please use tape not staples)