



## 7. EXAMINATION TYPE AND LICENSE TYPE

**LICENSE TYPE** (All candidates **MUST CHECK** one of the following exam types.)

- PA-20-10  Cosmetologist      PA-20-14C  Cosmetologist Teacher (Current PA License # \_\_\_\_\_ )
- PA-20-13  Esthetician      PA-20-14E  Esthetician Teacher (Current PA License # \_\_\_\_\_ )
- PA-20-15  Natural Hair Braider      PA-20-14N  Natural Hair Braider Teacher (Current PA License # \_\_\_\_\_ )
- PA-20-12  Nail Technician      PA-20-14  Nail Technician Teacher (Current PA License # \_\_\_\_\_ )

### SEE CANDIDATE HANDBOOK IF:

- I hold an active Cosmetology license in a state with which Pennsylvania has an agreement of reciprocity. (Pennsylvania has reciprocity agreements in all U.S. states **EXCEPT** for CT, CO, FL, HI, NJ, NM, RI, and UT.)
- I hold an active Esthetician license in a state with which Pennsylvania has an agreement of reciprocity. (Pennsylvania has reciprocity agreements in all U.S. states **EXCEPT** for CT, CO, FL, HI, NJ, NM, RI, and UT.)
- I hold an active Nail Technician license in a state with which Pennsylvania has an agreement of reciprocity. (Pennsylvania has reciprocity agreements in all U.S. states **EXCEPT** for AL, CT, CO, FL, GA, HI, MS, NJ, NM, RI, SC, TN, UT, and WV.)
- I hold an active Natural Hair Braider license in a state with which Pennsylvania has an agreement of reciprocity. (Pennsylvania **does NOT** have an understanding of reciprocity with any U.S. state **EXCEPT** NY at this time.)

## 8. OUT-OF-STATE LICENSEE

Please visit [http://www.dos.state.pa.us/portal/server.pt/community/state\\_board\\_of\\_cosmetology/12507](http://www.dos.state.pa.us/portal/server.pt/community/state_board_of_cosmetology/12507) or call the Pennsylvania State Board of Cosmetology at (717) 783-7130 to obtain information about reciprocity.

## 9. LANGUAGE PREFERENCE FOR THEORY EXAMINATION

Language Preference for Theory Examination will be collected during the reservation process. Examinations are available in the following languages:

- Cosmetologist/Esthetician/Nail Technician are available in English, Spanish, Vietnamese or Korean.
- Teacher exams are available in English only.

## 10. TEMPORARY LICENSE PERMIT

If you are a **first-time candidate** and wish to obtain a temporary license in accordance with the regulation of the Commonwealth of Pennsylvania State Board of Cosmetology, please check the appropriate box. **NOTE:** Cosmetologist Teacher and Early Testing candidates **CANNOT** request a temporary license.

- |   |  |
|---|--|
| <input type="checkbox"/> I want a temporary license for Cosmetologist.        | <input type="checkbox"/> I want a temporary license for Nail Technician. |
| <input type="checkbox"/> I want a temporary license for Esthetician.          | <input type="checkbox"/> I DO NOT want a temporary license.              |
| <input type="checkbox"/> I want a temporary license for Natural Hair Braider. |  |

## 11. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES

Requests for ADA Accommodations should be submitted through <http://pearsonvue.com/accommodations>.

## 12. QUALIFICATIONS — Education and Training

Please carefully review the Candidate Handbook for the license type you are seeking to understand the requirements for eligibility. Please indicate below the requirements you have satisfied.

### REQUIRED FOR ALL EXAMINATION TYPES LISTED IN SECTION 7

- I meet the age requirement. (Please attach proof of age: copy of your current, unexpired Driver's License; State ID Card; Birth Certificate; Visa; or Passport.)
- I meet the high school requirement **OR** I am over 35 and the high school requirement is waived. (If needed, please attach proof of high school education as stated in the Candidate Handbook.)
- I have completed the number of school hours required as stated in the Candidate Handbook.
- I have completed an apprenticeship program as required and stated in the Candidate Handbook. (*Note: Apprenticeship programs are not accepted for Natural Hair Braider candidates.*)
- My school has provided my Cosmetology School Transcript.
- I have selected one of the statements in the Information Consent section (second to last page of the application).
- I have provided my 2" x 2" head and shoulder photograph attached (not stapled) to the application.
- I have attached an official State Police Criminal History information check from each state that I have resided in for the past 5 years.
- I have attached a completed Certificate of Completion from a cosmetology school.

## 13. COSMETOLOGY SCHOOL TRAINING AFFIDAVIT

Please complete this form on the following page.

If you are a student applying for Early Theory, your school will need to complete the Early Theory affidavit only when submitting your application. Your school will need to note the number of hours completed at the time of application, sign and notarize the Early Theory affidavit. Once you complete your training, your school will need to complete the affidavit on page 4 with the actual number of completed hours.

In both cases, your school will need to send in transcripts along with the completed affidavits. You will be required to have the completed affidavit (with the heading COSMETOLOGY SCHOOL / SALON TRAINING CERTIFICATE) **notarized**.

# EARLY THEORY CANDIDATES ONLY

## COSMETOLOGY SCHOOL / SALON TRAINING CERTIFICATE

SCHOOL CERTIFICATE - Check the appropriate box and then complete (type or print legibly except otherwise indicated)

**NOTE: If you have trained in more than one school, a separate training certificate must be completed by each school.**

### COSMETOLOGIST

Successfully complete a minimum of a 900-hour course of instruction in a licensed school of cosmetology

### ESTHETICIAN

Successfully complete a minimum of a 250-hour course of instruction in esthetics in a licensed school of cosmetology

### NATURAL HAIR BRAIDER

Successfully complete a minimum of a 250-hour course of instruction in hair braiding in a licensed school of cosmetology

### NAIL TECHNICIAN

Successfully complete a minimum of a 150-hour course of instruction in nail technology in a licensed school of cosmetology

### COSMETOLOGIST TEACHER, ESTHETICS TEACHER, NATURAL HAIR BRAIDING TEACHER, AND NAIL TECHNOLOGY TEACHER

Successfully complete a 400-hour course of instruction in cosmetology, natural hair braider, esthetics, or nail technician teacher curriculum in a licensed school of cosmetology

This certificate is to be completed by a licensed cosmetology teacher. Include the TOTAL number of hours spent successfully completing all program requirements.

Number of Formal Training Hours: \_\_\_\_\_ in (category) \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

School License # \_\_\_\_\_ School Telephone #: \_\_\_\_\_

Current Pennsylvania Cosmetology License Number (if applicable): \_\_\_\_\_

Earned hours from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (Application will be ineligible unless hours have already been completed)

*I, being duly sworn according to law, do attest that*

\_\_\_\_\_  
Candidates name (as it appears on the application)

\_\_\_\_\_  
S.S. #

*has satisfactorily completed all program requirements. In my professional assessment, I believe this candidate is fully qualified to take the licensure examination for which he/she applied.*

Name of School Supervisor/Cosmetology Teacher: \_\_\_\_\_

Signature of above \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

License number of above: \_\_\_\_\_

## COSMETOLOGY SCHOOL / SALON TRAINING CERTIFICATE

SCHOOL CERTIFICATE - Check the appropriate box and then complete (type or print legibly except otherwise indicated)

**NOTE: If you have trained in more than one school, a separate training certificate must be completed by each school.**

### **COSMETOLOGIST**

- Successfully complete a minimum of a 1,250-hour course of instruction in a licensed school of cosmetology
- Successfully complete a minimum of 2,000 hours of an apprenticeship in a cosmetology salon

### **ESTHETICIAN**

- Successfully complete a minimum of a 300-hour course of instruction in esthetics in a licensed school of cosmetology

### **NATURAL HAIR BRAIDER**

- Successfully complete a minimum of a 300-hour course of instruction in hair braiding in a licensed school of cosmetology

### **NAIL TECHNICIAN**

- Successfully complete a minimum of a 200-hour course of instruction in nail technology in a licensed school of cosmetology

### **COSMETOLOGIST TEACHER, ESTHETICS TEACHER, NATURAL HAIR BRAIDING TEACHER, AND NAIL TECHNOLOGY TEACHER**

- Successfully complete a 500-hour course of instruction in cosmetology, natural hair braider, esthetics, or nail technician teacher curriculum in a licensed school of cosmetology

This certificate is to be completed by a licensed cosmetology teacher. Include the TOTAL number of hours spent successfully completing all program requirements.

Number of Formal Training Hours: \_\_\_\_\_ in (category) \_\_\_\_\_

School/Salon Name: \_\_\_\_\_

Address: \_\_\_\_\_

School/Salon License # \_\_\_\_\_ School/Salon Telephone #: \_\_\_\_\_

Current Pennsylvania Cosmetology License Number (if applicable): \_\_\_\_\_

Earned hours from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (Application will be ineligible unless hours have already been completed)

*I, being duly sworn according to law, do attest that*

\_\_\_\_\_  
Candidates name (as it appears on the application)

\_\_\_\_\_  
S.S. #

*has satisfactorily completed all program requirements. In my professional assessment, I believe this candidate is fully qualified to take the licensure examination for which he/she applied.*

Name of School Supervisor/Cosmetology Teacher: \_\_\_\_\_

Signature of above \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

License number of above: \_\_\_\_\_

Subscribed and sworn before me this

Notary Stamp:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature and Seal

## 14. BACKGROUND QUESTIONS

Print Full Name: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?  YES  NO
2. If you answered yes to the above question, please provide the profession and state(s) or jurisdiction.  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?  YES  NO
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, registration in any state or jurisdiction?  YES  NO
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused or for disciplinary reasons, agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?  YES  NO
6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition(ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of court.  YES  NO
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?  YES  NO

If you have answered YES to any of the questions from 3 through 7, be sure to attach complete details and certified copies of relevant documents along with your completed application. The certified copy of the record would include a docket sheet, criminal complaint, information, any plea information and sentencing. (Note: docket sheets printed from the internet do not constitute as certified court records.) The application and documentation will be reviewed by the Board. Please allow additional time for processing of your application.

If approved by the Board, the completed application will be sent back to Dasher for processing.

If denied by the Board, the applicant will receive a notification from the Board stipulating such.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

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

*Application continues next page*

**BOARD USE ONLY**

BOARD APPROVAL :

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 15. INFORMATION CONSENT AND WAIVER AGREEMENT/SOCIAL SECURITY ACT CERTIFICATION

Please complete these forms on this and the following page.

### INFORMATION CONSENT AND WAIVER AGREEMENT

I agree that in the event of an illness and/or injury that precludes my completion of the examination, any claim I may have will be limited to a refund of the examination fee paid. I agree that I shall hold harmless the Commonwealth of Pennsylvania, its employees, agents and independent contractors (state) from any and all claims, injury, loss, damage, suits, actions, liabilities, and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the State with regard to any use or misuse of said products during this exam and I release, with informed consent, the State from any liability with respect to the same.

I also agree that I have read the full text of this informed Consent and Waiver of Agreement, as well as the Candidate Handbook.

I understand that any false statement made is subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I verify that this form is in the original format as supplied by the State and has not been altered or otherwise modified in any way. I verify that the information contained on this application form and all supporting documentation is true and correct. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911.

I understand that if I do not appear with proper identification at the scheduled time and date for the examination, all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the examination is cancelled. I ascertain by my signature below that I agree with the conditions noted on this application and in the Candidate Handbook. I also ascertain that my signature below releases my score and personal information to my school and to the State Board.

I understand my signature below serves as acknowledgement that my social security number will be used as my unique identifier for the purpose of reporting results to the state licensing agency and my school of graduation for licensing purposes. I further agree to release Pearson VUE and its subcontractors from any liability arising from the use of my social security number as my unique identifier as required by the state with which I am applying for licensure.

I further understand that it is my responsibility to be aware and knowledgeable of the laws and rules that govern my profession. If I need a copy of the laws and regulations, I will contact the Board. Please check one of the following in order to meet an eligibility requirement for the Commonwealth of Pennsylvania (*if a box is NOT checked, your application will be returned to you*):

#### COMMONWEALTH OF PENNSYLVANIA RULES AND REGULATIONS

Please select one of the following statements:

- I have copies of the Cosmetology Law, Rules and Regulations of the State Board of Cosmetology and I understand the content of these laws, rules and regulations.
- I will visit the State Board's website to access copies and gain an understanding of the content of these law, rules and regulations prior to taking the examination.

CONTACT: Pennsylvania State Board of Cosmetology, P.O. Box 2649, Harrisburg, PA 17105-2649  
Phone: (717)-783-7130  
E-mail: [st-cosmetology@pa.gov](mailto:st-cosmetology@pa.gov)  
Website: [www.dos.pa.gov/cosmet](http://www.dos.pa.gov/cosmet)

Notice: Pearson VUE has been notified by the Pennsylvania Board of Cosmetology that they will be requiring all candidates to submit an official Criminal History Record Information check with their applications for licensure examinations, reactivation, and reciprocity, beginning September 1, 2016.

Applicants will need to supply an official Criminal History Record Information check from the State Police or other state agency for every state in which the candidate has resided during the past five years. The reports must be dated within six (6) months of the date of the application.

## SOCIAL SECURITY ACT CERTIFICATION

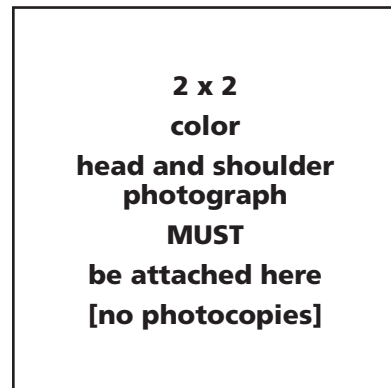
This licensing board is obligated to inform each applicant or licensee from whom it requests a social security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. Section 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW about the licensee, including the social security number.

In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their social security number if applicant or licensee agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your social security number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your social security number.

I certify that I have read the above statement, understanding the full intent and I do give this licensing board permission to report my social security number to the appropriate professional association or licensing board.

Candidate Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if candidate is a minor)



## MAILING INFORMATION

**WHEN YOU HAVE COMPLETED THIS ENTIRE APPLICATION, PLEASE MAIL THE FOLLOWING ITEMS IN ONE ENVELOPE to:**

Pearson Vue  
c/o Dasher, Inc.  
PO Box 1652  
Harrisburg, PA 17105-1652

- 1. Your completed application, including the Cosmetology School information, and information consent and waiver agreement and social security act certification.
- 2. Your \$10 application fee and examination fee (\$93). Fees can be sent as one payment payable to *Pearson VUE*.
- 3. Documentation and certified copies in response to any "YES" answers to the Background Questions (section 14), as stipulated above.

**YOU MUST CONTACT YOUR COSMETOLOGY SCHOOL TO REQUEST YOUR OFFICIAL TRANSCRIPTS/EDUCATION CERTIFICATE BE SENT TO:**

Pearson Vue  
c/o Dasher, Inc.  
PO Box 1652  
Harrisburg, PA 17105-1652

If you do not receive an Approval Letter within ten (10) business days of mailing your application, call 866-474-1148.