

Commonwealth of Massachusetts Board of Registration of Cosmetology and Barbering



EDUCATION COMPLETION/LICENSING APPLICATION FORM COSMETOLOGY LICENSE

TO MAKE A RESERVATION

You **MUST** complete the Massachusetts Application for Cosmetology License (form #2002-05). Please read the application carefully and completely before visiting the Pearson VUE website at www.pearsonvue.com/ma/cos or calling Pearson VUE at **(800) 274-2021** to make an examination reservation. **Before you call to make your reservation, be sure to have the following:**

- **The exam you wish to take (see next page)**
- **School code: four-digit code from section 12 of this application (example 1111MA) OR**
- **Board code: four-digit code from section 13 of this application**
- **Test center location (see next page)**

Please note that if you answer "yes" to any of questions 6-11 on the application, you CANNOT make an examination reservation through Pearson VUE. You MUST first mail your application to:

The Board of Cosmetology and Barbering

Attn: Office Manager

1000 Washington Street

Suite 710

Boston, MA 02118-6100

You will receive further information from the Board of Cosmetology and Barbering within 2-3 weeks of receipt of your application.

WHAT TO BRING

To take the examination, you **MUST** bring the following items with you to the test center on examination day:

- A completed application, which must include a school stamp or Board stamp, your signature, and all other required documents;
- Two forms of signature identification, one of which **MUST** be photo-bearing;
- Failing Score Report (for retakers only); and
- Supplies required for your examination/licensure level (refer to Massachusetts Cosmetology Candidate Handbook for a list of supplies).

NOTE: Your state's license fee is no longer collected at the testing site. Rather you will be required to pay for your license after you pass your exam(s) via a web application. It's very important that you have a **valid e-mail address** to receive your license fee information. Acceptable forms of payment include credit or debit cards. (See Fee Information on the next page.)

ABOUT TEST CENTERS

It is your responsibility to make a reservation for the correct examination at an approved test center. A list of approved test centers appears on the back cover of the Massachusetts Cosmetology Candidate Handbook, which can be viewed for free at Pearson VUE's Web site (www.pearsonvue.com).

WRITTEN PORTION – ENGLISH, SPANISH, AND VIETNAMESE LANGUAGES AVAILABLE

You may request the written portion of the Operator, Aesthetician, or Manicurist exam in English, Spanish, or Vietnamese. You must, however, make this request when you schedule your examination appointment.

QUICK REFERENCE

Call (800) 274-2021 to make a reservation.

PEARSON VUE TEST CENTERS

| CODE | LOCATION | SCHEDULE |
|-------|------------------|------------------------------------|
| 51921 | Malden | Monday – Thursday, Saturday |
| 52786 | West Springfield | 1st and 3rd Saturdays of the month |
| 52681 | Framingham | Every Saturday |

Locations and schedules are subject to change.

EXAM LICENSURE LEVELS, CODES, AND FEES

| EXAM LICENSURE LEVELS* | EXAM SERIES CODE | FIRST-TIME EXAM FEE | RETAKE FEE | LICENSING FEE |
|---|----------------------------------|---------------------|------------|---------------|
| Operator (English, Spanish, or Vietnamese) | Written: MA-Oer-WR | \$135.00 | \$108.00 | \$68.00 |
| | Practical: MA-Oper-PR | | | |
| Aesthetician (English, Spanish, or Vietnamese) | Written: MA-Esti-WR | \$135.00 | \$108.00 | \$68.00 |
| | Practical: MA-Esti-PR | | | |
| Manicurist (English, Spanish, or Vietnamese) | Written: MA-Mani-WR | \$135.00 | \$108.00 | \$68.00 |
| | Practical: MA-Mani-PR | | | |
| Cosmetology Instructor | MA-20-InstCos | \$135.00 | \$108.00 | \$68.00 |
| Aesthetician Instructor | MA-20-InstEsti | \$135.00 | \$108.00 | \$68.00 |

* Note: ONLY the theory exams are available in foreign languages. Practical exams are NOT available in foreign languages.

FEES ARE NONREFUNDABLE AND NONTRANSFERABLE.

ID #: _____

OFFICIAL USE ONLY



License #: _____

Full Name: _____

Examination Date: ____ / ____ / ____

OFFICIAL USE ONLY

Commonwealth of Massachusetts
BOARD OF REGISTRATION OF COSMETOLOGY AND BARBERING
Application for Cosmetology License

Please note that this application MUST be completed in pen.

This application contains a School Certification section, which must be stamped and signed by the director of the school, and also a Board Certification section, which must be signed by a Board Agent (if applicable). Please read page 4 in the candidate handbook for information regarding who needs Board approval.

You must complete this form before you make an examination reservation. You will **NOT** be admitted to the examination if you do not bring this form, or if it has not been completed properly.

*Please note that the Board of Cosmetology and Barbering **MUST** review and approve all applications for candidates with disciplinary action on a professional license and/or criminal history background.*

LICENSURE LEVEL

- Operator
 Aesthetician
 Manicurist
 Registered Instructor
 Aesthetician Instructor

EXAMINATION LEVEL

- | | | | |
|--------------------------------|--|--|--|
| Operator | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical Examination | <input type="checkbox"/> Written Examination |
| Aesthetician | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical Examination | <input type="checkbox"/> Written Examination |
| Manicurist | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical Examination | <input type="checkbox"/> Written Examination |
| Cosmetology Instructor | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical Examination | <input type="checkbox"/> Written Examination |
| Aesthetician Instructor | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical Examination | <input type="checkbox"/> Written Examination |
| Out of Country | <input type="checkbox"/> Practical & Written | <input type="checkbox"/> Practical Examination | <input type="checkbox"/> Written Examination |

1. Name _____
 LAST FIRST MI MAIDEN

2. Address _____
 NUMBER STREET
 CITY OR TOWN STATE ZIP CODE

3. Telephone _____
 DAY/WORK EVENING/HOME

Email _____

4. Date of Birth / /

5. Social Security Number (Mandatory) - -

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

6. Do you hold or have you held a professional license in any jurisdiction? Yes No
 If yes, 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.
7. Has any disciplinary action been taken against you by a licensing board in any jurisdiction? Yes No
 If YES, please state details. (Use separate sheet if necessary) _____
8. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction? Yes No
 If YES, please state details. (Use separate sheet if necessary) _____

9. Have you voluntarily surrendered a professional license to a licensing board in any jurisdiction? Yes No
If YES, please state details. (Use separate sheet if necessary) _____

10. Have you ever applied for and been denied a professional license in any jurisdiction? Yes No
If YES, please state details. (Use separate sheet if necessary) _____

11. Have you been convicted of a felony or misdemeanor in any jurisdiction? Yes No
If YES, please state details. (Use separate sheet if necessary) _____

Please note that if you answer "yes" to any one of questions 6 through 11, you CANNOT make your examination reservation through Pearson VUE. You MUST instead mail your application directly to the Board of Cosmetology and Barbering at the address on the first page of this application, Attn: Office Manager. You will then receive further information from the Board within 2-3 weeks of receipt of your application.

12. SCHOOL CERTIFICATION (to be completed by the school director)

Today's date _____

I hereby certify that the named applicant has completed the required cosmetology course of study as documented below:

Begin date _____ Completion Date _____

School Name _____

Address _____

CITY/STATE

ZIP CODE

I, _____, as Director of _____ School, certify

DIRECTOR'S NAME

SCHOOL NAME

(under the pains and penalties of perjury) that _____ has completed the course

CANDIDATE'S NAME

of study on _____

OPERATOR, AESTHETICIAN, MANICURIST



Director's Signature _____

Date _____

13. BOARD CERTIFICATION (to be completed by the Board of Cosmetology and Barbering)

This candidate is approved by the Board to take the following examinations:

- | | | | |
|-------------------------|---|--------------|---------------------------------------|
| Operator | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Aesthetician | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Manicurist | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Cosmetology Instructor | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Aesthetician Instructor | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |
| Out of Country | <input type="checkbox"/> Practical Test | Score: _____ | <input type="checkbox"/> Written Test |



Signature of Board Agent _____

Date _____

14. CANDIDATE AFFIDAVIT

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 M.G.L. c. 62C, s. 47A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant _____ Date _____