

7. EXAMINATION TYPE AND LICENSE TYPE

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

Theory Practical Both

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

NOTE: Candidates who check licenses 10, 11, or 12 must write their current license number in the space provided.

09 Barber

10 Barber Teacher | Current License # _____

11 Barber Manager | Current License # _____

12 Barber by Endorsement/Out-of-State Barber | Current License # _____

SEE CANDIDATE HANDBOOK IF:

- You hold a PA Barber license that has expired. Do not fill out this application and refer to the Reinstatement section of the Handbook.
- You hold an active Barber license in a state with which Pennsylvania has an agreement of reciprocity. Do not fill out this application and refer to the Reciprocity section of the Handbook. (Pennsylvania has reciprocity agreements in the following U.S. states: CA, DE, ID, KS, ME, MS, MT, NM, NY, SC, SD, and VA.)

8. OUT-OF-STATE LICENSEE

Candidates who have held a current license for at least two years, and who have at least two years of active work experience in a state where Pennsylvania **DOES NOT** have an understanding of reciprocity, must take only the **theory** examination. These candidates must complete and submit a barber application.

Required Documentation: Attach a letter indicating the period of time in which you worked in the field (including dates) **AND** a Certification of Licensure from the state where you hold a license. This certificate must show that you have a current (not expired and not inactive) license in that state.

State Current License # _____

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:

- Barber & Barber Manager theory exams are available in English & Spanish.
- Barber Teacher theory exams are available in English only.
- All practical exams are 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 Barber Examiners, please check the appropriate box.

NOTE: Barber Teacher and Barber Manager candidates **CANNOT** request a temporary license.

I want a temporary license for Barber.

I DO NOT want a temporary license.

11. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES

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

12. VETERAN PREFERENCE POINTS

NOTE: If yes, candidate must attach a copy of their DD214 to this application.

Theory Examination ONLY Yes No

13. 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. Acceptable documents include:
 - Driver's license (not expired)
 - State issued I.D.
 - Passport
 - U.S. Department of State VISA
 - Birth Certificate
- I meet the 8th grade school requirement. Please attach transcript from school or copy of High School diploma.
- I have completed the number of school hours required as stated in the Candidate Handbook **OR** have completed the number of hours in a barber shop as required and stated in the Candidate Handbook.
- I have provided my Barber School Training Affidavit with Notary Signature and Seal.
- If applying for Barber Teacher, I have provided a copy of my current Barber Manager's license or Barber's license.
- If I am applying for Barber by Endorsement, I have provided certification of my license from the state in which I am licensed on official letterhead bearing the state seal. A copy of the license is **not** acceptable proof of licensure.
- 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.

14. BARBER SCHOOL TRAINING AFFIDAVIT

Please complete this form on the following page.

BARBER SCHOOL TRAINING AFFIDAVIT

SCHOOL/SHOP AFFIDAVIT-check the appropriate box and then complete (type or print legibly except otherwise indicated)

NOTE: If you have worked in more than one shop, a separate training affidavit must be completed by each shop.

Barber

- Earned 1,250 hours in a licensed barber school or barber shop (in not less than nine months) under the supervision of a barber teacher
- Earned 695 hours in a licensed barber school (in not less than five months) with a Pennsylvania cosmetology license
- Earned 695 hours in a licensed barber shop (in not less than five months) with a Pennsylvania cosmetology license

Barber Teacher

- Worked at least five years in a licensed barber shop with a current barber or barber manager license
- Earned 1,250 hours as a teacher trainee in a licensed barber school with a barber manager license

Barber Manager

- Worked at least one year in a licensed barber shop with a current barber license

Barber by Endorsement

- Earned at least 1,250 hours of instruction in barbering in another state (copy of active license attached)(affidavit not needed)

This affidavit is to be completed by a licensed barber manager or barber teacher. Include the **TOTAL** number of hours successfully earned, including hours transferred from another school or shop.

Number of Formal Training Hours: _____ in (category) _____

OR

Number of Years Worked: (manager and teacher applicants only) _____

School/Shop Name: _____

Address: _____

School/Shop License Number _____ School/Shop Telephone No: _____

Current Pennsylvania Barber or Manager License Number (if applicable) _____

Pennsylvania Cosmetology License Number (if applicable) _____

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

Worked from ___/___/___ to ___/___/___ (Application will be ineligible unless proper number of years(s) have already been completed –applies to Barber Manager and Barber Teacher only)

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

Candidates name (as it appears on the application) S.S. # _____

has successfully completed approved training in school or years worked.. In my professional assessment, I believe this candidate is fully qualified to take the licensure examination for which he/she applied.

Name of Barber Teacher, Manager: _____

Signature of above _____ Date ___/___/___

License number of above: _____

Subscribed and sworn before me this _____ day of _____, 20_____

notary stamp

Notary Public's Signature and Seal

15. 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 the Pearson VUE OHT Processing Office 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 _____

16. INFORMATION CONSENT AND WAIVER AGREEMENT/SOCIAL SECURITY ACT CERTIFICATION Please complete these forms following the Barber School Training Affidavit.

INFORMATION CONSENT AND WAIVER AGREEMENT

I understand that various cosmetology and/or nail products are to be used during the practical section of the examination for licensure.

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 either the theory or the practical examination(s), all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the theory or practical examination(s) 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 Barber Law, Rules and Regulations of the State Board of Barber Examiners 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 Barber Examiners,
P.O. Box 2649, Harrisburg, PA 17105-2649
Phone: (717) 783-3402
E-mail: st-cosmetology@pa.gov
Website: www.dos.pa.gov/barber

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 _____ Date _____

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:

OHT/Pearson VUE Processing Office
PO Box 1178
Dripping Springs, TX 78620

- 1. Your completed application including the information consent and waiver agreement and social security act certification.
- 2. Your Barber School Training Affidavit with Notary Signature and Seal.
- 3. For Barber Teacher applicants, a copy of your current barber manager's license.
- 4. For Barber by Endorsement/out-of-state applicants, certification of your license from the state in which you are licensed on official letterhead bearing the state seal. A copy of the license is **not** acceptable proof of licensure.
- 5. If you are an out-of-state licensee in a state with which Pennsylvania does not have a reciprocity agreement, you must include a letter indicating the period of time in which you worked in the field (including dates) **AND** a Certification of Licensure from the state where you hold a license. This certificate must show that you have a current (not expired and not inactive) license in that state.
- 6. Your \$30 application fee payable to *Pearson VUE*.
- 7. Documentation and certified copies in response to any "YES" answers to the Background Questions (section 15)
- 8. Transcripts showing that the barber curriculum subjects and hours were completed.

If you do not receive an Approval Letter within ten (10) business days of mailing your application, call 888-511-5352.