State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Official Use Only
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Nail Technician

APPLICANT INFORMATION

Full Legal Name: _____
First *Middle* *Last*

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN _____ **Date of Birth:** _____ **Gender:** ☐ Male ☐ Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____
City *State* *ZIP Code*

Phone: _____ **Email:** _____

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue ***License Number*** ***Expiration Date***

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1.	☐ Yes ☐ No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2.	☐ Yes ☐ No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3.	☐ Yes ☐ No	Are you currently under investigation or is any disciplinary action pending against you now by any *local, state or federal licensing, enforcement or regulatory agency?*
4.	☐ Yes ☐ No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5.	☐ Yes ☐ No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6.	☐ Yes ☐ No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7.	☐ Yes ☐ No	Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8.	☐ Yes ☐ No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9.	☐ Yes ☐ No	Do you currently have any criminal action pending?*****
10.	☐ Yes ☐ No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *****
11.	☐ Yes ☐ No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*****
12.	☐ Yes ☐ No	Have you ever been incarcerated for any reason in any correctional facility (*domestic or foreign*) in any jurisdiction or on probation/parole in any jurisdiction?*****

***NOTE:* Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered **"Yes"** to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered **"Yes"** to Questions **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession:_____ **License Number:** _____

Issuing State:_____ **License Status:**_____ **Issue Date:** _____

Profession:_____ **License Number:** _____

Issuing State:_____ **License Status:**_____ **Issue Date:** _____

Verification of Graduation

To be completed by applicants who graduated from a recognized nail technology school.
See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

EDUCATION

To be completed by the Official Program Representative:

Start Date: _____ **End Date:** _____
MM/DD/YYY *MM/DD/YYYY*

Hours of nail technology training at this school: _____

*Hours transferred from another school: _____

Total hours of all training: _____

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-704.

I further certify that the applicant is qualified and competent to practice as a licensed nail technician.

Signature: _____ **Printed Name:** _____ **Date:** _____

Name of School: _____ **School License Number:** _____

Address: _____
Street/PO Box *City* *State/Zip*

Phone: _____

*If verifying hours transferred from another school, please complete the following:

Name of Previous School: _____ School License Number: _____

Address: _____
Street/PO Box *City* *State/Zip*

Start Date: _____ End Date: _____
MM/DD/YYYY *MM/DD/YYYY*

Valid School Seal

Applied here

Verification of Licensed Experience

To be completed by applicants who graduated from a recognized nail technology school with less than 300 hours of instruction.
See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

EMPLOYMENT INFORMATION

To be completed by the Employer or Human Resources.

Name of Establishment: _____

Establishment Address: _____
Street/PO Box *City* *State/Zip*

Phone: _____ **Email:** _____

Dates of Employment: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

How many hours did the applicant work per week? _____

Describe the applicant's duties: _____

_____

_____

Was the applicant a W-2 employee or contracted labor? _____

Is the applicant still employed? ☐ Yes ☐ No

If no, is the applicant re-hirable? ☐ Yes ☐ No **Please explain**: _____

_____

_____

I do hereby certify that the applicant for licensure was actively engaged in the lawful practice as a nail technician at the above named establishment for the number of hours listed.

I further certify that the applicant is qualified and competent to practice as a licensed nail technician.

Signature of Supervisor:_____**Date:** _____

Relationship to Applicant: _____

Verification of Completion of an Apprentice Program

To be completed by applicants who completed an apprentice program.
See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

EDUCATION

To be completed by the Licensed Instructor:

Start Date: _____ **End Date:** _____ **Total hours of all training:** _____
MM/DD/YYYY *MM/DD/YYYY*

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-804.

I further certify that the applicant is qualified and competent to practice as a licensed nail technician.

Signature: _____ **Date:** _____

Printed Name: _____ **Instructor License Number:** _____

Name of Establishment: _____

Address: _____
Street/PO Box *City* *State/Zip*

***Note:** You must attach signed copies of the apprentice/instructor time record and the apprentice/instructor theory services record. Forms are available on www.dopl.utah.gov/licensing/cosmetology_barbering.html under "Related Information".

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.
NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- ☐ $60.00 non-refundable application processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
- ☐ Obtain a passing score on both the National Interstate Council of State Boards of Cosmetology (NIC) Nail Technician Theory *and* Practical Examinations.
  - If testing for Utah, DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examination. Submit the fees directly to the testing agency.
  - If you tested in another jurisdiction, you must submit official documentation of passing with a score of at least 75%. Official documentation can be in the form of verification from any state you are licensed in OR score reports from the testing agency.

APPLICANTS WHO GRADUATED FROM A RECOGNIZED NAIL TECHNOLOGY SCHOOL

In addition to the items required for all applicants, you must submit one of the following:

- ☐ Verification of Graduation (page 3 of this application) documenting graduation from a recognized nail technology whose curriculum consist of at least 300 hours of instructions.

  OR
- ☐ If you graduated from a school located outside of Utah with less than 300 hours of instructions, documentation of a combination of education and experience totaling 300 hours. Documentation must include:
  - Verification of Graduation (page 3 of this application) documenting graduation from a recognized nail technology school located in a state other than Utah whose curriculum consists of less than 300 hours;

    AND
  - Verification of Licensed Experience (page 4 of this application) documenting the number of hours that, when combined with the hours of education, equal 300 hours or more;

    AND
  - Verification of Licensure from the state where the hours of experience were earned.

APPLICANTS WHO COMPLETED AN APPRENTICE PROGRAM

In addition to the items required for all applicants, you must submit the following:

- ☐ Verification of Completion of an Apprentice Program, page 5 of this application.
- ☐ Copies of an Apprentice/Instructor Time Record and an Apprentice/Instructor Theory & Services Record (forms are available on www.dopl.utah.gov/licensing/cosmetology_barbering.html under "Related Information").

APPLICANTS WHO COMPLETED AN FOREIGN EDUCATION PROGRAM

In addition to the items required for all applicants, you must submit the following:

- ☐ A credential evaluation from one of the approved credentialing services. Currently, the approved credentialing services are:
  - Josef Silny & Associates Inc, International Education Consultants, PO Box 248233; Coral Gables, Florida, 33124 (305) 273-1616; E-mail: info@jsilny.com, Internet: www.jsilny.com

    OR
  - Educational Credential Evaluators Inc., PO Box 514070; Milwaukee, Wisconsin, 53203-3470 (414) 289-3400; E-mail: eval@ece.org, Internet: www.ece.org.

Submit the above items with your completed application to:

In person or via express delivery:
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741