



## **AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify under penalty of perjury that I am a United States citizen, a qualified alien as defined in 8 U.S.C. Sec. 1641, or I am lawfully present in the United States.
2. I certify that am qualified in all respects for the license for which I am applying in this application.
3. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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.
4. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
5. 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 sanction.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_\_\_

### **EDUCATION REQUIREMENT:** *(Use additional sheets if necessary.)*

School Name:	Dates Attended	From:	To:
Location:	Telephone:	Hours Completed:	Graduation:
School Name:	Dates Attended	From:	To:
Location:	Telephone:	Hours Completed:	Graduation:

### **EXAMINATION REQUIREMENT:** *(within one year prior to the date of application, if applicable)*

Utah NIC Instructor Examination	Date Passed:
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**EXPERIENCE REQUIREMENT:** You may not count any schooling, training, internship, or apprenticeship hours used to obtain initial licensure as part of your hours to meet the experience requirement for an instructor license. The required hours of experience are those completed after obtaining your initial license.

If applying for a **Barber Instructor** license by experience, you must be able to document the completion of 2,000 hours of experience\* in barbering and licensure as a Utah barber.

Hours of Experience in Barbering:	Utah Barber License Number:
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If applying for a **Cosmetologist/Barber Instructor** license by experience, you must be able to document the completion of 4,000 hours of experience\* in cosmetology/barbering and licensure as a Utah cosmetologist/barber.

Hours of Experience in Cosmetology/Barbering:	Utah Cosmetology/Barbering License Number:
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If applying for an **Electrologist Instructor** license by experience, you must be able to document the completion of 1,000 hours of experience\* in electrology and licensure as a Utah electrologist.

Hours of Experience in Electrology:	Utah Electrology License Number:
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If applying for an **Esthetician Instructor** license by experience, you must be able to document completion of 1,000 hours of experience\* in esthetics and licensure as a Master Esthetician.

Hours of Experience in Esthetics:	Utah Master Esthetician License Number:
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If applying of a **Nail Technician Instructor** license by experience, you must be able to document the completion of 600 hours of experience\* in nail technology and licensure as a Utah nail technician or licensure as a Utah cosmetologist/barber.

Hours of Experience in Nail Technology:	Utah Electrology License Number: _____ or
	Utah Cosmetology/Barbering License Number: _____

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank.**

*(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)*

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. 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 health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. 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??
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. 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? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea-in-abeyance or deferred sentence</i> )?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p><b>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 13, 14, 15, 16, or 17, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</b></p> <p><b>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.</b></p> <p><b>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</b></p> <p><b>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.</b></p>

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## VERIFICATION OF GRADUATION

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the school that trained you. Request that the school complete the remainder of this form and return it to you in a sealed envelope for submission with your application. If the school insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State:      ZIP Code:
Phone #:	E-Mail:		Date Training Begin:		
School:				Phone #:	
Address:		City:		State:      ZIP Code:	

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE COSMETOLOGY/BARBER SCHOOL:

School Name:		School License #:		Phone #:	
Address:			City:		State:      ZIP:
Name of School Official:			Date Begun:		Date Completed:
Total Cosmetologist/barber Hours:				Grand Total Hours:	
<input type="checkbox"/> <b>BE COMPLETED</b> <input type="checkbox"/> <b>TRANSFER CREDIT INCLUDED FOR GRADUATION:</b>					
Previously Attended School Name:			School License #:		Phone #:
Address:			City:		State:      ZIP:
Previously Completed Program:			Date Begun:		Date Completed:
Total Cosmetologist/barber Hours Credited:				Total Hours Previously Completed:	

I declare that the above named individual has fulfilled the education requirements for licensure as a barber, cosmetologist/barber, electrologist, Esthetician or nails technician pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission

Signature of School Official : \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

**NOTE: The original copy of this form must be submitted with the application for licensure.**

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Utah Division of Occupational and Professional Licensing  
 160 East 300 South, P.O. Box 146741  
 Salt Lake City, Utah 84114-6741

## VERIFICATION OF WORK EXPERIENCE

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:	E-Mail:		Date Employment Begin:		
Employing Facility:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED BY EMPLOYER:

Employer Business Name:					
Last Name:		First Name:		Phone #:	
Position or Title:			License #:		License State:
Address:		City:		State:	ZIP:
Date Employment Began:	Ended:	Hours Per Week:	Total Hours Completed:		
Nature of Applicant's Duties:					
Was applicant's performance satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain:					

Signature of Employer: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

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# COSMETOLOGY INSTRUCTOR

## Application Checklist

Applications with incomplete attachments may be denied.

<input type="checkbox"/>	<b>Submit a complete application form including all applicable supporting documents.</b> Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure.
<input type="checkbox"/>	Complete and submit the Qualifying Questionnaire
<input type="checkbox"/>	Submit a <b>\$60.00</b> non-refundable application-processing fee
<input type="checkbox"/>	Pass the NIC Instructor Examination within one year prior to the date of application.
<input type="checkbox"/>	<b>If your instructor training was obtained from a school:</b> Submit an original "Verification of Graduation" form ( <i>contained in this application</i> ). Request that the school official complete the form and return it to you <b>in a sealed envelope</b> to submit <b>with your application and fees</b> . OR <b>If you are applying by experience:</b> Submit "Verification of Work Experience" forms ( <i>contained in this application</i> ) documenting the required number of hours indicated below. Request that your employer(s) complete the "Verification of Work Experience" form(s) and return it (them) to you <b>in a sealed envelope</b> to submit <b>with your application and fees</b> .
<b>You must hold the professional license in the applicable profession and meet the required training or hours of work experience before submitting your completed application, documentation and fees.</b>	
<input type="checkbox"/>	<b>Barber Instructor:</b> ( <i>you may only instruct barbering</i> ) A. provide documentation of completion of an instructor training program consisting of a minimum of 500 hours; or B. provide documentation of a minimum of 2,000 hours of work experience as a licensed cosmetologist/barber or licensed barber.
<input type="checkbox"/>	<b>Cosmetologist/Barber Instructor:</b> ( <i>you may instruct only cosmetology/barbering, barbering, or nail technology</i> ) A. provide documentation of completion of an instructor training program consisting of a minimum of 1,000 hours; or B. provide documentation of a minimum of 4,000 hours of work experience as a licensed cosmetologist/barber.
<input type="checkbox"/>	<b>Electrologist Instructor:</b> ( <i>you may only instruct electrology</i> ) A. provide documentation of completion of an instructor training program consisting of a minimum of 175 hours; or B. provide documentation of a minimum of 1,000 hours of work experience as a licensed electrologist.
<input type="checkbox"/>	<b>Esthetician Instructor:</b> ( <i>you may instruct basic level esthetics and master level esthetics programs</i> ) A. you must hold a <u>Master</u> Esthetician license; and B. provide documentation of completion of an instructor training program consisting of a minimum of 300 hours; or C. provide documentation of a minimum of 1,000 hours of work experience as a licensed esthetician.
<input type="checkbox"/>	<b>Nail Technician Instructor:</b> ( <i>you may only instruct nail technology</i> ) A. you may hold Nail Technician license or a Cosmetologist/Barber license; and B. provide documentation of completion of an instructor training program consisting of a minimum of 150 hours; or C. provide documentation of a minimum of 600 hours of work experience in nail technology.

### ADDITIONAL IMPORTANT INFORMATION:

1. **Statutes and Rules/Current Documents:** Applications, statutes, rules, and forms are occasionally changed. The most recent version of these documents are available at [www.dopl.utah.gov/licensing/cosmetology\\_barbering.html](http://www.dopl.utah.gov/licensing/cosmetology_barbering.html).
2. **License Renewal:** Instructor licenses **do not renew**; they are valid only if the licensee maintains an active primary license. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current primary license.
3. **PSI Examination Services:** Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the NIC Instructor Examination. Submit the fees directly to the testing agency.
4. **Temporary Licenses:** Temporary licenses are not issued.
5. **Foreign Education:** Applicants who have graduated from a foreign school must have an approved credential evaluation service evaluate their education documents prior to making application for licensure in Utah.

6. **Approved credentialing evaluation services for licensure are:**

Josef Silny & Associates Inc, International Education Consultants  
PO Box 248233; Coral Gables, Florida, 33124  
(305) 273-1616; E-mail: [info@jsilny.com](mailto:info@jsilny.com), Internet: [www.jsilny.com](http://www.jsilny.com)

**OR**

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

7. **Name Change:** If your supporting documentation is under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

8. **Mail Complete Application To:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

9. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – toll-free in Utah

10. **Fax Number:** (801) 530-6511