

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

- Esthetician**
- Master Esthetician**

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	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 applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) 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(s)
- 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 certifications 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 Formal Esthetics Education Graduation

To be submitted by applicants who graduated from a recognized cosmetology/barber or esthetics 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/YYYY MM/DD/YYYY*

Hours of esthetics 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-702.

This applicant  **has** /  **has not** completed the additional education requirements outlined in R156-11a-703 required for a master esthetician.

I further certify that the applicant is qualified and competent to practice as a licensed:

- Esthetician**  
 **Master Esthetician**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **School License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

\*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*

*Please affix the school seal to the left and place this form in an envelope with the school seal over the envelope flap.*

(Seal)

*Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.*

## Verification of Licensed Esthetics Practice

To be submitted by applicants who graduated from a recognized school with less than 600 hours of instruction for an esthetician or 1200 hours of instruction for a master esthetician. Each employer must complete a separate form. You must include copies of tax forms, paystubs, or other documents to support the dates of practice claimed on the form with your application. 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 Supervisor:

**Name of Establishment:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

**Telephone Number** \_\_\_\_\_ **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  
 **esthetician**  **master esthetician** 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:

- Esthetician**  
 **Master Esthetician**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship to Applicant\*:** \_\_\_\_\_

Please place this form in an envelope and sign over the envelope flap and send directly to DOPL or provide to the applicant to include in their application.

\*If self-employed, you may complete the form yourself. Please write "Self-Employed" on the "Relationship to Applicant" line.

# Verification of Completion of an Esthetics Apprenticeship Program

To be submitted by applicants who completed an apprenticeship 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:** \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

**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-802 for an **Esthetician**  
 R156-11a-803 for a **Master Esthetician**

I further certify that the applicant is qualified and competent to practice as a licensed:

- Esthetician**  
 **Master Esthetician**

**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 apprenticeship/instructor time record and the apprenticeship/instructor theory services record. Forms are available on [www.dopl.utah.gov/licensing/cosmetology\\_barbering.html](http://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

- Non-refundable application processing fee, made payable to "DOPL":
  - \$60.00 for an Esthetician **OR**
  - \$85.00 for a Master Esthetician
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Obtain a passing score on both sections of the National Interstate Council of State Boards of Cosmetology (NIC) Exam:
  - For an **Esthetician**: Esthetician Theory and Practical Examinations
  - For a **Master Esthetician**: Master Esthetics Written and Practical Exam.
    - 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](http://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 SCHOOL

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

- Verification of Formal Esthetics Education Graduation documenting graduation from a recognized school whose curriculum consist of at least 600 hours of instruction for an esthetician or 1200 hours of instruction for a master esthetician.  
**OR**
- If you graduated from a school located outside of Utah with less than the required hours of instruction (600 hours for an esthetician, 1200 hours for a master esthetician), documentation of a combination of education and experience totaling the required hours for the license type you are applying. Documentation must include:
  - Verification of Formal Esthetics Education Graduation documenting graduation from a recognized esthetics school located in a state other than Utah whose curriculum consists of less than 600/1200 hours;  
**AND**
  - Verification of Licensed Esthetics Practice and required supporting documents (see form for more information) documenting the number of hours that, when combined with the hours of education, equal 600/1200 hours or more;  
**AND**
  - Official 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 Esthetics Apprentice Program.
- 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](http://www.dopl.utah.gov/licensing/cosmetology_barbering.html) under "Related Information").

### APPLICANTS WHO COMPLETED A 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, 7101 SW 102 Ave; Miami, Florida, 33173; Phone: (305) 273-1616; E-mail: [info@jsilny.org](mailto:info@jsilny.org), 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).

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, 1<sup>st</sup> 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