

IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>

E-mail: bcb@dopl.idaho.gov

APPLICATION INSTRUCTIONS FOR INSTRUCTOR LICENSING

Please complete this form by providing the requested information and signing below. Your signature must be notarized. Submit the completed form and enclose payment of appropriate fees as noted in the schedule below to the address above. **NOTE: Incomplete applications that do not include all the items required may delay licensure.**

All applicants for an original Instructor license must:

All applicants must hold a current license in Idaho as a barber, barber-stylist, cosmetologist, electrologist, esthetician, or nail technician, as related to the instructor license for which you are applying and meet at least one of the requirements from each section below,

AND (Section One Requirements)

Have at least five (5) years of work experience out of the last seven (7) years as a licensed barber, barber-stylist, cosmetologist, electrologist, esthetician, or nail technician, as related to the instructor license for which you are applying,

OR have satisfactorily completed:

A minimum six (6) month course of instructing for the discipline in which you are licensed, in a licensed school, provided that the course consist of no fewer than nine hundred (900) hours; or

A minimum three (3) month course of instructing for the discipline in which you are licensed, in a licensed school, if the applicant has at least two (2) years of work experience as a licensee in the discipline for which you are applying, provided that the course consist of no fewer than five hundred (500) hours;

AND (Section Two Requirements)

Proof of successful passage of the instructor examination approved by the Board.

OR

Have twelve college credit hours or the equivalent. Credit hours must be obtained from the Education Department, Speech Communications Department or from the Psychology/Sociology Department and other credit at the discretion of the Board.

OR 12 credit equivalency of:

Teaching seminars directed to cosmetology, nail technology, esthetics, or electrology must be approved by the Board. Fourteen (14) clock hours is equivalent to one (1) semester college credit hour in an approved seminar. Verification of satisfactory completion must be submitted to the Board for approval.

All applicants for an endorsement Instructor license must:

All applicants must hold a current license in Idaho as a barber, barber-stylist, cosmetologist, electrologist, esthetician, or nail technician, as related to the instructor license for which you are applying and meet at least one of the requirements from each section below,

Verified satisfactory teaching as a qualified instructor from another state one (1) of the previous three (3) years immediately prior to application. (Only required if applying through endorsement.)

Documents from another application you have on file with DOPL can be transferred to this application by answering the appropriate question below when filling out the application.

If the name on your application does not match the proof of age document, the transcripts, or any other required document, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-5803, you must be licensed to practice. The Idaho Barber and Cosmetology Services Licensing Board Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

APPLICATION FEE \$25.00

ORIGINAL INSTRUCTOR LICENSE FEE \$30.00

ENDORSEMENT FEE \$35.00

FEEES ARE NONREFUNDABLE. Please make checks and money orders payable to IDOPL.

All returned checks are subject to a \$20.00 fee.

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APPLICATION FOR INSTRUCTOR LICENSE

Incomplete applications that do not include all the items required will not be processed.

ADDENDUM

APPLICANT NAME _____

WORK EXPERIENCE: Please list all work experience obtained under licensure. Experience obtained under a permit or prior to being issued a license will not be considered. Include employer names, addresses, phone numbers and dates of practice.

NAME OF SHOP _____ **EMPLOYER'S NAME** _____

ADDRESS OF SHOP _____ **PHONE NO.** _____
Street Address, City, State, Zip Code

DATES OF PRACTICE _____ **TO** _____
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP _____ **EMPLOYER'S NAME** _____

ADDRESS OF SHOP _____ **PHONE NO.** _____
Street Address, City, State, Zip Code

DATES OF PRACTICE _____ **TO** _____
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If more space is needed, attach a separate sheet of paper

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AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

This box is for notary use only

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature

My Commission Expires _____

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.