# 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: <a href="https://dopl.idaho.gov">https://dopl.idaho.gov</a>.

### 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 FEES 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 LICENSURE

I hereby submit my qualifications and make application for a license to practice as an instructor of (Please mark one box, if you are applying for more than one license, please submit a separate application for each license.) in the State of Idaho under the provisions of Title 54, Chapter 58, Idaho Code as amended.

() BARBER INSTRUCTOR () BARBER-STYLIST INSTRUCTOR () COSMETOLOGY INSTRUCTOR

() ESTHETICS INSTRUCTOR () NAIL TECHNOLOGY INSTRUCTOR () ELECTROLOGY INSTRUCTOR

#### 1. Full Name (Mr., Mrs., or Ms.)

2.	Address of Record						
	(The above address is a public record.)	Street	City	State	Zip		
3.	Mailing Address	Street/PO Box	City	State	Zip		
4.	Date of Birth /// (Proof passport, military ID, or valid driver's license must be		ble color copy of a government-issu	ied photo	D ID such as a		
5.	Social Security No	E-mail(This is not a public record	d; required by I.C. § 67-2609.)				
6.	Business Phone ()(The above number is a public record.)	_ Other Phone (	)ve number is not a public record.)				
7.	<ul> <li>Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?</li> <li>(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)</li> <li>() Yes</li> <li>() No</li> </ul>						
8.	Are you currently licensed in Idaho to practice	e barbering or cosmet	ology wholly or in part?		( ) Yes ( ) No		
	If Yes, please check which license type you hold: ( ) Barber ( ) Barber-Stylist ( ) Registered Cosmetologist						
		() Esthetics () Nai	il Technology () Electrology				
	(If Yes, attach a copy of your license and continue below. If N	No, complete the attached ad	dendum and continue below.)				
9.	Do you have practical experience under licensure? (If yes, please attach a detailed statement of your experience, noting the names and addresses of the businesses in which you gained you experience and the dates of experience for each business listed.)				( ) Yes ( ) No		
10.	. Have you completed the education requirement (see list on previous page)? (If Yes, attach college transcripts or verification of completion of the required training.)				( ) Yes ( ) No		
11.	I. Are you currently licensed to practice as an instructor in any other state?         (If Yes, please list the state(s)				() Yes () No tion of licensure must		
12.	Have you had a license revoked, suspended, or (If yes, please attach a detailed statement, including a summa				where? ( ) Yes ( ) No		
13.	Have you ever received a conviction, finding of other jurisdiction? (If Yes, the Criminal Conviction Disclosure Form, official co other relevant information must be received with this applica	ourt documents, and probatio			eluding Idaho, or ( ) Yes ( ) No		
14.	Do you have documents from another application	tion on file that you w	ould like to have transferred t	o this a	pplication?		

( ) Yes ( ) No

#### \*If yes, please specify which documents you would like transferred: \_

# **IDAHO BARBER AND COSMETOLOGY SERVICES LICENSINGBOARD**

**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 Street Address, City, State, Zip Code		PHONE NO.
Street Address, City, State, Zip Code		
DATES OF PRACTICE	ТО	
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	ТО	
mm/dd/yyyy		mm/dd/yyyy
NAME OF SHOP	EMPLOYER'S NAME	
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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.

This box is for notary use only	
State of, County of Subscribed and sworn before me this day of	, ss, 20
(seal)	Notary Public Official Signature           My Commission Expires

Signature of Applicant

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.