

ACADEMY OF BEAUTY
LA's Best Kept Secret

3834 MAIN STREET
CULVER CITY, CALIFORNIA 90232
(310) 837-0411
www.TheAcademy.LA

PRE-ENROLLMENT RECEIPT OF INFORMATION

Student Name _____

Program _____ Date _____

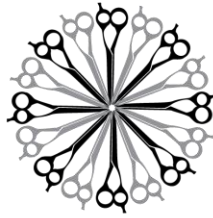
I have received written information concerning the following topics prior to signing my enrollment agreement:

- ☒ School's Completion Rate _____
- ☒ School's Licensure Rate _____
- ☒ School's Job Placement Rate _____
- ☒ Physical Demands of the Profession
- ☒ Safety Requirements of the Profession
- ☒ Compensation a Graduate Can Reasonably Expect
- ☒ Licensure Requirements
- ☒ State-Required Information: Exam Application

Signature

Date

By signing this form I acknowledge that I received this Pre-enrollment package which has the above listed information.



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**RATES ARE BASED
ON
2013
ANNUAL REPORT**

Completion Rate 89%

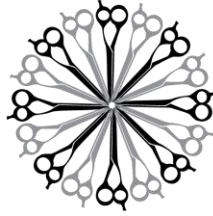
Placement Rate 85%

Examination Passage 83%

Salary and Wage Information

Per year

15,000-20,000	1
20,000-25,000	4
25,000-30,000	30
30,000-35,000 +	37



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PHYSICAL DEMANDS AND SAFETY REQUIREMENTS COSMETOLOGY AND ESTHETICIAN

It is extremely important that you are provided with all the facts about physical requirements that your future career demands. The following is a list of physical demands you may encounter in this industry.

Body Position

Cosmetology: Long periods of time standing are required for cosmetologists.

Body Position Esthetician: Estheticians are required to sit and lean forward while providing most services and stand while leaning over for others.

Hands: The hands will need protection from chemicals and continuous exposure to water and cleaning agents. Hand care products are recommended for all service professionals.

Chemicals: As a cosmetologist or esthetician, you will be required to work with many different types of products and chemicals. If you currently have allergies or sensitivities to chemicals, please consult your physician with a list of chemicals you will be exposed to.

Sanitation: Communicable disease can be easily transmitted from one individual to the next. Special attention must be paid to yourself and your client to avoid spreading any disease.

Trade Tools: There are obvious hazards when working with sharp objects such as scissors, razors, clippers, lancets, extractors, etc. caution must be used when handling any such item.

General Safety: On a daily basis use caution and common sense to avoid entering into any of the following situation: chemical burns, cuts and abrasions, excessive heat from hair dryer, hot water, harmful vapor

Occupational Employment Statistics

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Occupational Employment and Wages, May 2013

39-5094 Skincare Specialists

Provide skincare treatments to face and body to enhance an individual's appearance. Includes electrologists and laser hair removal specialists.

- [National estimates for this occupation](#)
- [Industry profile for this occupation](#)
- [Geographic profile for this occupation](#)

National estimates for this occupation: [Top](#)

Employment estimate and mean wage estimates for this occupation:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
33,680	4.2 %	\$15.86	\$32,990	1.9 %

Percentile wage estimates for this occupation:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	\$8.40	\$9.42	\$13.92	\$18.83	\$27.37
Annual Wage (2)	\$17,480	\$19,590	\$28,940	\$39,160	\$56,930

Industry profile for this occupation: [Top](#)

Industries with the highest published employment and wages for this occupation are provided. For a list of all industries with employment in this occupation, see the [Create Customized Tables](#) function.

Industries with the highest levels of employment in this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Personal Care Services	24,010	3.76	\$15.09	\$31,390
Offices of Physicians	3,520	0.15	\$19.71	\$40,990
Other Amusement and Recreation Industries	1,630	0.15	\$16.18	\$33,660
Traveler Accommodation	1,470	0.08	\$16.15	\$33,600
Health and Personal Care Stores	1,030	0.10	\$16.17	\$33,630

Industries with the highest concentration of employment in this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Personal Care Services	24,010	3.76	\$15.09	\$31,390
Other Amusement and Recreation Industries	1,630	0.15	\$16.18	\$33,660
Offices of Physicians	3,520	0.15	\$19.71	\$40,990
Health and Personal Care Stores	1,030	0.10	\$16.17	\$33,630
Offices of Other Health Practitioners	670	0.09	\$16.58	\$34,480

Top paying industries for this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
General Medical and Surgical Hospitals	90	(7)	\$22.80	\$47,430
Outpatient Care Centers	260	0.04	\$21.93	\$45,620
Offices of Physicians	3,520	0.15	\$19.71	\$40,990
Employment Services	340	0.01	\$17.94	\$37,320
Other Ambulatory Health Care Services	(8)	(8)	\$16.83	\$35,010

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Occupational Employment and Wages, May 2013

39-5012 Hairdressers, Hairstylists, and Cosmetologists

Provide beauty services, such as shampooing, cutting, coloring, and styling hair, and massaging and treating scalp. May apply makeup, dress wigs, perform hair removal, and provide nail and skin care services. Excludes "Makeup Artists, Theatrical and Performance (39-5091), "Manicurists and Pedicurists" (39-5092), and "Skincare Specialists" (39-5094).

- [National estimates for this occupation](#)
- [Industry profile for this occupation](#)
- [Geographic profile for this occupation](#)

National estimates for this occupation: [Top](#)

Employment estimate and mean wage estimates for this occupation:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
351,960	1.0 %	\$13.24	\$27,530	0.7 %

Percentile wage estimates for this occupation:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	\$8.18	\$8.98	\$11.12	\$14.96	\$21.26
Annual Wage (2)	\$17,010	\$18,680	\$23,140	\$31,110	\$44,220

Industry profile for this occupation: [Top](#)

Industries with the highest published employment and wages for this occupation are provided. For a list of all industries with employment in this occupation, see the [Create Customized Tables](#) function.

Industries with the highest levels of employment in this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Personal Care Services	318,890	49.89	\$13.11	\$27,270
Health and Personal Care Stores	4,190	0.41	\$16.27	\$33,850
Nursing Care Facilities (Skilled Nursing Facilities)	1,360	0.08	\$14.28	\$29,700
Traveler Accommodation	1,050	0.06	\$14.06	\$29,240
Motion Picture and Video Industries	880	0.23	(8)	(8)

Industries with the highest concentration of employment in this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Personal Care Services	318,890	49.89	\$13.11	\$27,270
Health and Personal Care Stores	4,190	0.41	\$16.27	\$33,850
Technical and Trade Schools	510	0.34	\$12.33	\$25,650
Motion Picture and Video Industries	880	0.23	(8)	(8)
Drugs and Druggists' Sundries Merchant Wholesalers	260	0.14	\$11.30	\$23,510

Top paying industries for this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Performing Arts Companies	80	0.07	\$34.89	\$72,580
Other Professional, Scientific, and Technical Services	70	0.01	\$20.91	\$43,480
Offices of Other Health Practitioners	(8)	(8)	\$16.98	\$35,310

Occupational Employment Statistics

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Occupational Employment and Wages, May 2013

39-5092 Manicurists and Pedicurists

Clean and shape customers' fingernails and toenails. May polish or decorate nails.

- [National estimates for this occupation](#)
- [Industry profile for this occupation](#)
- [Geographic profile for this occupation](#)

National estimates for this occupation: [Top](#)

Employment estimate and mean wage estimates for this occupation:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
71,220	4.2 %	\$10.48	\$21,790	1.2 %

Percentile wage estimates for this occupation:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	\$8.03	\$8.56	\$9.30	\$11.40	\$14.58
Annual Wage (2)	\$16,700	\$17,810	\$19,340	\$23,720	\$30,330

Industry profile for this occupation: [Top](#)

Industries with the highest published employment and wages for this occupation are provided. For a list of all industries with employment in this occupation, see the [Create Customized Tables](#) function.

Industries with the highest levels of employment in this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Personal Care Services	68,390	10.70	\$10.38	\$21,590
Traveler Accommodation	1,030	0.06	\$13.33	\$27,720
Other Amusement and Recreation Industries	870	0.08	\$12.37	\$25,730
Health and Personal Care Stores	440	0.04	\$12.08	\$25,120
Department Stores	190	0.01	\$12.70	\$26,420

Industries with the highest concentration of employment in this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Personal Care Services	68,390	10.70	\$10.38	\$21,590
Other Amusement and Recreation Industries	870	0.08	\$12.37	\$25,730
Traveler Accommodation	1,030	0.06	\$13.33	\$27,720
Health and Personal Care Stores	440	0.04	\$12.08	\$25,120
Offices of Other Health Practitioners	70	0.01	\$12.22	\$25,420

Top paying industries for this occupation:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Traveler Accommodation	1,030	0.06	\$13.33	\$27,720
Offices of Physicians	40	(7)	\$13.25	\$27,550
Department Stores	190	0.01	\$12.70	\$26,420
Other Amusement and Recreation Industries	870	0.08	\$12.37	\$25,730
Offices of Other Health Practitioners	70	0.01	\$12.22	\$25,420

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BOARD OF BARBERING AND COSMETOLOGY
P.O. Box 944226, Sacramento, CA 94244-2260
P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



ESTHETICIAN APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE \$115.00 (non-refundable)

Cashiering Use Only:	Cashiering (Entity #)	Cashiering (Receipt)	Cashiering (Amount) \$
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I qualify for the examination as a (See Section D) (Choose One):

<input type="checkbox"/> California Student	<input type="checkbox"/> California Apprentice	<input type="checkbox"/> Out of State/Out of Country Applicant
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SECTION A: APPLICANT INFORMATION

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth (Must be at least 17 years old)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

(Please include a copy of your government-issued photographic identification with this application)

Last Name (Print Clearly)

First Name

Middle Name

Note: Double check your address, and notify the Board immediately via email at barbercosmo@dca.ca.gov if you move. Government mail is not forwarded.

Address (This is the address where your scheduling letter will be mailed)



Apartment # (if applicable)

City

State

Zip Code

Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-mail Address (not required)

SECTION B: SCHOOL/GRADUATION INFORMATION

School Name

School Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date you **started** school

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

Date you **completed** school

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

Attach your Proof of Training Document or for apprentices your Proof of Completion (California Students Only).

SECTION C: EXAM INFORMATION (Call or email the Board with any questions on Reasonable Accommodations)

Exam Location

☐ **South (Glendale)**

☐ **North (Fairfield)**

Exam Language Preference

☐ English ☐ Vietnamese

☐ Spanish ☐ Korean

If you require a Reasonable Accommodation to take the exam, complete the Request for Reasonable Accommodation form, which can be downloaded from the Board's Website. The form must be attached to this application with all supporting documents to be processed.

If you do not speak and read one of the above languages, you may bring an interpreter or interpreter/model.

Do you need an interpreter or interpreter/model?

☐ No ☐ Yes

If yes, submit a completed Application to use an Interpreter or Interpreter/Model forms G & H with this application

Note: If you receive your scheduling letter and cannot take your practical exam on the scheduled date, you must submit an Application for Re-Examination and pay the required fee. If there is an upcoming date you cannot take the exam, the Board will schedule you after that date.

Please schedule me after this date: _____

SECTION D: QUALIFICATIONS (Choose One)

California Students

- ☐ I completed the required hours from a California Board approved school and attached the Proof of Training Document.
- ☐ I previously held a license in the State of California which was cancelled. License Number: _____
Name as it appeared on the previous license: _____

California Apprentice

- ☐ I completed my California apprentice training and have attached a Certificate of Completion.

Out of State/Out of Country

- ☐ I completed my schooling in another state, but did not receive a license (have the school submit a completed Out-of-State Applicant School Training Record – Form B **directly** to the Board).
- ☐ I attended school and/or held a license in another country (have an Evaluation Service evaluate your credentials and send a report **directly** to the Board – see the attached instructions under “Out of Country Applicants” to find an evaluation service).
- ☐ I hold a current license in another State; it has been active for **less than** 3 years (request the State with which you hold a current license send a Certification of Licensure* **directly** to the Board).
State Name _____ **License Type** _____ **License #** _____
*Washington State applicants are not required to submit a Certification of Licensure. Please submit a copy of your Washington State License with this application.

Reciprocity

If you hold a license in another state, and have held that license for at least the last 3 years, you qualify for reciprocity in California and are not required to take the exam. If you currently hold a valid license in another state for three years complete the Application for Reciprocity & Initial License Fee. Do not submit a reciprocity application if you have not held an out of state license for at least 3 years.

SECTION E: BACKGROUND INFORMATION

1. Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country?
☐ No ☐ Yes **If yes**, please complete the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application. If needed, the Board will send you a letter requesting additional information.
2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?
☐ No ☐ Yes **If yes**, please complete the Disclosure Statement Regarding Disciplinary Action form with this application. If needed, the Board will send you a letter requesting additional information.
3. Do you hold any License(s) with the Board?
☐ No ☐ Yes **If yes**, License Number(s) _____. If the name on your other license(s) does not match the name on this application, please submit a Notification of Name Change form with the required documentation with this application.
4. Have you completed the 10th Grade in a public school or its equivalency (12th grade for electrology applicants)?
☐ No ☐ Yes **If no, you cannot proceed with this application.**

SECTION F: APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to this profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature _____

Date _____

Important Information

- Double check your address (please notify the Board immediately via email if your address changes).
- Double check your exam location and exam language.
- Include a copy of your valid government issued photo ID (this helps the Board verify your name and address).
- Pay by check (it will help you track your application status).
- If you have any questions about the status of your application, please first verify your check has been cashed. Please allow 12 weeks before inquiring about the status of your application after your check has been cashed via email.
- If you require an interpreter or interpreter/model, complete and attach an Application to use an Interpreter or Interpreter/Model and attach to this application.
- If you need a reasonable accommodation, complete and attach a Request for Reasonable Accommodation form, it must be attached to this application to be processed.
- All forms and applications referenced in this application can be found on the Board's website at www.barbercosmo.ca.gov under “Forms/Pubs”.

Please email the Board with any questions at barbercosmo@dca.ca.gov

APPLICATION FOR EXAMINATION INSTRUCTIONS

QUALIFICATIONS

Qualifications to take the Board of Barbering and Cosmetology (Board) exams:

- Be at least 17 years of age.
- Has completed the 10th grade in a public school or its equivalency (12th grade for electrology applicants).
- Has committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code.
- Has completed the following hours in a Board approved school or has completed a 3200 hour apprentice program in California:

Cosmetologist 1600 Hours	Esthetician 600 Hours	Manicurist 400 Hours	Barber 1500 Hours	Electrologist 600 Hours
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PROOF OF TRAINING DOCUMENT

First time applications for examination (excluding pre-applications), where the applicant received training from a California Board approved school must be accompanied by a Proof of Training Document. Please do not send your diploma or transcripts.

LOCATION PREFERENCE

Indicate whether you wish to take your examination at either the Board's Glendale or Fairfield examination site.

LANGUAGE PREFERENCE

Indicate the language you would like to take your examination. All written examinations and practical instructions are offered in English, Spanish, Korean and Vietnamese.

REASONABLE ACCOMMODATION

The Board provides reasonable accommodations for applicants with disabilities that will affect their ability to take the required licensing examinations. Applicants requiring a reasonable accommodation must complete a Request for Reasonable Accommodation form with all supporting documentation with this application. This form must be completed by a medical professional and returned to the Board with any necessary medical documentation for approval before an examination date can be scheduled.

INTERPRETER OR INTERPRETER/MODEL

The Board allows for use of an interpreter or interpreter/model. Each applicant must have prior authorization from the Board to use an interpreter or interpreter/model during the examination. The applicant must complete an Application to use an Interpreter or Interpreter/Model forms G & H with this application. Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and indicate your native language. The interpreter or interpreter/model must complete Interpreter or Interpreter/Model Form H and provide two identical 1 1/2" x 1 1/2" photos, signed on the back by the interpreter or interpreter/model. Both forms must be submitted with the application for examination. Note: An interpreter/model can only be used for the Barber or Electrology practical exams. However, an interpreter may be used for both parts of the examination for the Cosmetology, Esthetician, or Manicurist if you qualify for the use of an interpreter.

You cannot change interpreters or interpreter/models unless a new application and photographs are received and approved by the Board at least 15 days prior to your scheduled examination date. Please refer to "Interpreter or Interpreter/Model Instructions" to determine if you meet the qualifications for use of an interpreter or interpreter/model.

OUT OF STATE APPLICANTS

Request the state in which you hold a license send a Certification of Licensure **directly** to the Board. If you are licensed in more than one state, you may elect to submit a certification request to one or all of the states of your choice. Should your certification arrive at the Board before your application, it will be kept on file for one year. Please note some states charge a fee to certify your license, and you are responsible for the incurred expense.

If you never received a license, but completed your schooling in another state, have the school submit a certified copy of your transcripts or Proof of Training Document in a sealed envelope **directly** to the Board.

The Out-of-State Applicant Affidavit of Experience – Form C is only required if you do not meet the required number of hours for licensure in California. In order for the Board to consider granting credit based on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., employer, peer, or someone other than a family member). Each three months of licensed practice shall be deemed the equivalent of 100 hours of training for qualification.

OUT OF COUNTRY APPLICANTS

Contact one of the following evaluation services, and ask for a “general evaluation”. Upon completion of your evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.

International Education Research Foundation, Inc. (IERF) P.O. Box 3665 Culver City, CA 90231-3655 Telephone: (310) 258-9451 Fax Number: (310) 342-7086 Email: info@ierf.org Website: www.ierf.org	Span Tran Educational Services, Inc. 7211 Regency Square Blvd., #205 Houston, TX 77036 Telephone: (713) 266-8805 Website: www.spantran-edu.com	Educational Credential Evaluations (ECE) P.O. Box 514070 Milwaukee, WI 53203-3470 Telephone: (414) 289-3400 Fax Number: (414) 289-3411 Email: eval@ece.org Website: www.ece.org	Academic & Credential Records, Evaluation, & Verification Service (ACREVS) 1776 Clear Lake Ave. Milpitas, CA 95035-7014 Telephone: (408)719-0015 Website: www.acrevs.com
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RECIPROCITY

The Board shall grant a license without an examination to an out of state applicant if the applicant submits all of the following to the Board:

- (a) A completed application form and all fees required by the Board.
- (b) Proof of a current license issued by another state to practice that meets all of the following requirements:
 - (1) It is not revoked, suspended, or otherwise restricted.
 - (2) It is in good standing.
 - (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

TO APPLY FOR RECIPROCITY, YOU MUST COMPLETE THE APPLICATION FOR RECIPROCITY & INITIAL LICENSE FEE. RECIPROCITY CANDIDATES ARE SUBJECT TO ONLY THE LICENSE FEE AS NO EXAMINATION IS REQUIRED.

HELPFUL HINTS

- Make sure your application is completely filled out. Incomplete application will be returned to you and will delay in the processing of your application and the scheduling of your examination.
- Double check your address (please notify the Board immediately via email if your address changes).
- Double check your exam location and exam language.
- Include a copy of your valid government issued photo ID (this helps the Board verify your name and address).
- Pay by check (it will help you track your application status).
- If you have any questions about the status of your application, please first verify your check has been cashed. Please allow 12 weeks before inquiring about the status of your application after your check has been cashed.
- If you require an interpreter or interpreter/model, complete and attach an Application to use an Interpreter or Interpreter/Model form for form and application to be processed.
- If you need a reasonable accommodation, complete and attach a Request for Reasonable Accommodation form to this application for the form to be processed.
- All forms and applications referenced in this application can be found on the Board’s website at www.barbercosmo.ca.gov under “Forms/Pubs”.

Please allow up to 12 weeks for the Board to process your application and receive a scheduling letter.

For questions about your application or about the status of your application email the Board at barbercosmo@dca.ca.gov



BOARD OF BARBERING AND COSMETOLOGY
P.O. Box 944226, Sacramento, CA 94244-2260
P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE

Executive Officer

ADDRESS

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS

(916) 574-7570 phone (916) 575-7281 fax

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN) DISCLOSURE

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

AB 1424

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.



BOARD OF BARBERING AND COSMETOLOGY
P.O. Box 944226, Sacramento, CA 94244-2260
P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



COSMETOLOGIST APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE **\$125.00** (non-refundable)

Cashiering Use Only:	Cashiering (Entity #)	Cashiering (Receipt)	Cashiering (Amount) \$
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I qualify for the examination as a (See Section D) (Choose One):

<input type="checkbox"/> California Student	<input type="checkbox"/> California Apprentice	<input type="checkbox"/> Out of State/Out of Country Applicant
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
SECTION A: APPLICANT INFORMATION

Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth (Must be at least 17 years old) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
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(Please include a copy of your government-issued photographic identification with this application)

Last Name (Print Clearly)	First Name	Middle Name
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Note: Double check your address, and notify the Board immediately via email at barbercosmo@dca.ca.gov if you move. Government mail is not forwarded.

Address (This is the address where your scheduling letter will be mailed)		Apartment # (if applicable)
City		Zip Code
State		
Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail Address (not required)	

SECTION B: SCHOOL/GRADUATION INFORMATION

School Name	School Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Date you started school <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	Date you completed school <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
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Attach your Proof of Training Document or for apprentices your Proof of Completion (California Students Only).

SECTION C: EXAM INFORMATION (Call or email the Board with any questions on Reasonable Accommodations)

Exam Location <input type="checkbox"/> South (Glendale) <input type="checkbox"/> North (Fairfield)	Exam Language Preference <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean	If you require a Reasonable Accommodation to take the exam, complete the Request for Reasonable Accommodation form, which can be downloaded from the Board's Website. The form must be attached to this application with all supporting documents to be processed.
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If you do not speak and read one of the above languages, you may bring an interpreter or interpreter/model.

Do you need an interpreter or interpreter/model? ☐ No ☐ Yes

If yes, submit a completed Application to use an Interpreter or Interpreter/Model forms G & H with this application

Note: If you receive your scheduling letter and cannot take your practical exam on the scheduled date, you must submit an Application for Re-Examination and pay the required fee. If there is an upcoming date you cannot take the exam, the Board will schedule you after that date.

Please schedule me after this date: _____

SECTION D: QUALIFICATIONS (Choose One)

California Students

- ☐ I completed the required hours from a California Board approved school and attached the Proof of Training Document.
- ☐ I previously held a license in the State of California which was cancelled. License Number: _____
Name as it appeared on the previous license: _____

California Apprentice

- ☐ I completed my California apprentice training and have attached a Certificate of Completion.

Out of State/Out of Country

- ☐ I completed my schooling in another state, but did not receive a license (have the school submit a completed Out-of-State Applicant School Training Record – Form B **directly** to the Board).
- ☐ I attended school and/or held a license in another country (have an Evaluation Service evaluate your credentials and send a report **directly** to the Board – see the attached instructions under “Out of Country Applicants” to find an evaluation service).
- ☐ I hold a current license in another State; it has been active for **less than** 3 years (request the State with which you hold a current license send a Certification of Licensure* **directly** to the Board).
State Name _____ **License Type** _____ **License #** _____
*Washington State applicants are not required to submit a Certification of Licensure. Please submit a copy of your Washington State License with this application.

Reciprocity

If you hold a license in another state, and have held that license for at least the last 3 years, you qualify for reciprocity in California and are not required to take the exam. If you currently hold a valid license in another state for three years complete the Application for Reciprocity & Initial License Fee. Do not submit a reciprocity application if you have not held an out of state license for at least 3 years.

SECTION E: BACKGROUND INFORMATION

1. Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country?
☐ No ☐ Yes **If yes**, please complete the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application. If needed, the Board will send you a letter requesting additional information.
2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?
☐ No ☐ Yes **If yes**, please complete the Disclosure Statement Regarding Disciplinary Action form with this application. If needed, the Board will send you a letter requesting additional information.
3. Do you hold any License(s) with the Board?
☐ No ☐ Yes **If yes**, License Number(s) _____. If the name on your other license(s) does not match the name on this application, please submit a Notification of Name Change form with the required documentation with this application.
4. Have you completed the 10th Grade in a public school or its equivalency (12th grade for electrology applicants)?
☐ No ☐ Yes **If no**, you cannot proceed with this application.

SECTION F: APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to this profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature _____

Date _____

Important Information

- Double check your address (please notify the Board immediately via email if your address changes).
- Double check your exam location and exam language.
- Include a copy of your valid government issued photo ID (this helps the Board verify your name and address).
- Pay by check (it will help you track your application status).
- If you have any questions about the status of your application, please first verify your check has been cashed. Please allow 12 weeks before inquiring about the status of your application after your check has been cashed via email.
- If you require an interpreter or interpreter/model, complete and attach an Application to use an Interpreter or Interpreter/Model and attach to this application.
- If you need a reasonable accommodation, complete and attach a Request for Reasonable Accommodation form, it must be attached to this application to be processed.
- All forms and applications referenced in this application can be found on the Board's website at www.barbercosmo.ca.gov under “Forms/Pubs”.

Please email the Board with any questions at barbercosmo@dca.ca.gov

APPLICATION FOR EXAMINATION INSTRUCTIONS

QUALIFICATIONS

Qualifications to take the Board of Barbering and Cosmetology (Board) exams:

- Be at least 17 years of age.
- Has completed the 10th grade in a public school or its equivalency (12th grade for electrology applicants).
- Has committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code.
- Has completed the following hours in a Board approved school or has completed a 3200 hour apprentice program in California:

Cosmetologist 1600 Hours	Esthetician 600 Hours	Manicurist 400 Hours	Barber 1500 Hours	Electrologist 600 Hours
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PROOF OF TRAINING DOCUMENT

First time applications for examination (excluding pre-applications), where the applicant received training from a California Board approved school must be accompanied by a Proof of Training Document. Please do not send your diploma or transcripts.

LOCATION PREFERENCE

Indicate whether you wish to take your examination at either the Board's Glendale or Fairfield examination site.

LANGUAGE PREFERENCE

Indicate the language you would like to take your examination. All written examinations and practical instructions are offered in English, Spanish, Korean and Vietnamese.

REASONABLE ACCOMMODATION

The Board provides reasonable accommodations for applicants with disabilities that will affect their ability to take the required licensing examinations. Applicants requiring a reasonable accommodation must complete a Request for Reasonable Accommodation form with all supporting documentation with this application. This form must be completed by a medical professional and returned to the Board with any necessary medical documentation for approval before an examination date can be scheduled.

INTERPRETER OR INTERPRETER/MODEL

The Board allows for use of an interpreter or interpreter/model. Each applicant must have prior authorization from the Board to use an interpreter or interpreter/model during the examination. The applicant must complete an Application to use an Interpreter or Interpreter/Model forms G & H with this application. Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and indicate your native language. The interpreter or interpreter/model must complete Interpreter or Interpreter/Model Form H and provide two identical 1 1/2" x 1 1/2" photos, signed on the back by the interpreter or interpreter/model. Both forms must be submitted with the application for examination. Note: An interpreter/model can only be used for the Barber or Electrology practical exams. However, an interpreter may be used for both parts of the examination for the Cosmetology, Esthetician, or Manicurist if you qualify for the use of an interpreter.

You cannot change interpreters or interpreter/models unless a new application and photographs are received and approved by the Board at least 15 days prior to your scheduled examination date. Please refer to "Interpreter or Interpreter/Model Instructions" to determine if you meet the qualifications for use of an interpreter or interpreter/model.

OUT OF STATE APPLICANTS

Request the state in which you hold a license send a Certification of Licensure **directly** to the Board. If you are licensed in more than one state, you may elect to submit a certification request to one or all of the states of your choice. Should your certification arrive at the Board before your application, it will be kept on file for one year. Please note some states charge a fee to certify your license, and you are responsible for the incurred expense.

If you never received a license, but completed your schooling in another state, have the school submit a certified copy of your transcripts or Proof of Training Document in a sealed envelope **directly** to the Board.

The Out-of-State Applicant Affidavit of Experience – Form C is only required if you do not meet the required number of hours for licensure in California. In order for the Board to consider granting credit based on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., employer, peer, or someone other than a family member). Each three months of licensed practice shall be deemed the equivalent of 100 hours of training for qualification.

OUT OF COUNTRY APPLICANTS

Contact one of the following evaluation services, and ask for a “general evaluation”. Upon completion of your evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.

International Education Research Foundation, Inc. (IERF) P.O. Box 3665 Culver City, CA 90231-3655 Telephone: (310) 258-9451 Fax Number: (310) 342-7086 Email: info@ierf.org Website: www.ierf.org	Span Tran Educational Services, Inc. 7211 Regency Square Blvd., #205 Houston, TX 77036 Telephone: (713) 266-8805 Website: www.spantran-edu.com	Educational Credential Evaluations (ECE) P.O. Box 514070 Milwaukee, WI 53203-3470 Telephone: (414) 289-3400 Fax Number: (414) 289-3411 Email: eval@ece.org Website: www.ece.org	Academic & Credential Records, Evaluation, & Verification Service (ACREVS) 1776 Clear Lake Ave. Milpitas, CA 95035-7014 Telephone: (408)719-0015 Website: www.acrevs.com
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RECIPROCITY

The Board shall grant a license without an examination to an out of state applicant if the applicant submits all of the following to the Board:

- (a) A completed application form and all fees required by the Board.
- (b) Proof of a current license issued by another state to practice that meets all of the following requirements:
 - (1) It is not revoked, suspended, or otherwise restricted.
 - (2) It is in good standing.
 - (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

TO APPLY FOR RECIPROCITY, YOU MUST COMPLETE THE APPLICATION FOR RECIPROCITY & INITIAL LICENSE FEE. RECIPROCITY CANDIDATES ARE SUBJECT TO ONLY THE LICENSE FEE AS NO EXAMINATION IS REQUIRED.

HELPFUL HINTS

- Make sure your application is completely filled out. Incomplete application will be returned to you and will delay in the processing of your application and the scheduling of your examination.
- Double check your address (please notify the Board immediately via email if your address changes).
- Double check your exam location and exam language.
- Include a copy of your valid government issued photo ID (this helps the Board verify your name and address).
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Please allow up to 12 weeks for the Board to process your application and receive a scheduling letter.

For questions about your application or about the status of your application email the Board at barbercosmo@dca.ca.gov



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INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME

Board of Barbering and Cosmetology

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