

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
PSI Services LLC - Virginia Barber Cosmetology Program
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**Virginia Board for Barbers and Cosmetology
 ESTHETICIAN/MASTER ESTHETICIAN -
 EXPERIENCE VERIFICATION FORM**

**ESTHETICIAN and MASTER ESTHETICIAN Only -
Verification of Experience gained outside the Commonwealth of Virginia**

Section A - To be completed by the applicant.

Section B - To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Spa Owner
2. Spa Manager/Supervisor
3. Licensed Esthetician/Master Esthetician
4. Self-Employment * : _____

* If "self-employment" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed.

Section A: Applicant

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)	First (required)	Middle	Generation
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2. Provide **one** of the following identification numbers*:

Social Security Number *and/or*

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) _____

City	State	Zip Code
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4. Contact Numbers

Primary Telephone	Alternate Telephone
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5. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

6. Select the License type you are applying for: Esthetician or Master Esthetician

7. I, the undersigned, certify that the foregoing answers and statements are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also understand that providing false information may result in denial of a license or possible disciplinary action.

Applicant's Signature _____ Date _____

Section B: Verifier (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name _____

Contact Number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

Spa Owner

Spa Manager/Supervisor

Licensed Professional: Esthetician Master Esthetician

License Number _____ State/Jurisdiction _____

Client for self-employed applicant (if requested by the board)

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed Esthetician or Master Esthetician within the Commonwealth of Virginia. Your response is appreciated.

4. Provide the date(s) of when this experience was obtained: _____

5. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature _____ Date _____