Completion of this cover sheet is mandatory. Failure to fill out this form will result in the packet being returned.

Virginia Board for Barbers and Cosmetology School License Application-Curriculum Package Cover Sheet

In addition to the School License Application, you are required to submit a curriculum including, but not limited to, the information listed below. Applications lacking the required information will be rejected and returned. Detailed Instructions are available on the board's website located at https:// dpor.virginia.gov/Boards/BarberCosmo/. Should you have any questions or require additional clarification, please contact the board staff at (804) 367-8509.

		Provide the Page Number within Application Package				
١.	Cour	se syllabus				
	a.	An outline and brief statement of the main points of the text, lecture and course of study. (Course of study must match the license type)				
	b.	Course Textbook.				
	с.	Online Instruction.				
	d.	Program Length (Full and Part-time schedules).				
	e.	Days and hours of operation - notations must be made concerning breaks during the school day and holidays that the school will observe (be closed for) during the course schedule. *Breaks cannot be counted towards hours of instruction.				
		i. Hours of operation must be enough to complete program in length of time indicated in syllabus.				
* Do		nclude school financials, attendance policies, biographies, personal stories, resumes, or anything else not explicitly enumerated in the regulations.				
11.		ailed course outline - the outline must include those items set out in the applicable regulations, 18 VAC 41-20-210, /AC 41-50-360 and 18 VAC 41-70-190.				
	a.	Breakdown of hours for the courses. Course listing should be the same as indicated elsewhere in application (such as in outline/ lesson plans).				
	b.	The detailed course outline must include performances. Performances are not hour based. Performances are measured by the number of individual performances completed by the student.				
	c.	i. Performances must include those items set out in 18 VAC 41-50-370, 18 VAC 41-20-220 and 18 VAC 41-70-200. If offering online instruction, the detailed course outline must specify which courses and hours are taught online.				
		nclude semester or weekly schedules. If included, you must update your curriculum yearly and weekly based on the scheduled provided. Itions on our website.				
	<u> </u>	example of how performances are measured				
IV.	Sample of five (5) lesson plans - The lesson plans must be actual lesson plans that will be used in the instruction of students at the school applying for licensure. Previously approved lesson plans for other schools will not be accepted. Pre-developed lesson plans provided with the textbook are acceptable.					
	a. b.	Lesson plans should be for profession related courses, not general courses. Lesson Plans must indicate how the course will be taught and detail what information will be included in the lesson. (This includes course materials, state whether the lesson is in-person or online, visual aids, lecture, etc.)				
v.		ple of evaluation methods to used - Explain and provide examples of how students will be evaluated for grading and progress rt purposes				
	a.	A sample of a written (Theory) evaluation method- Include the topics on which students will be evaluated. Make sure the topics match the theory topics in the detailed course outline.				
	b.	A sample of a practical evaluation method- Include the topics on which students will be evaluated. Make sure the topics match the practical topics in the detailed course outline.				
VI. divid		tch of the school floor plan - the classroom and clinic areas within the school must be separated by a wall or a floor to ceiling ust have classroom area and clinic area labeled.				
*The board does not accept any areas labeled practical.		d does not accept any areas labeled practical.				
VII. A		example of a 25 question test you will administer to students.				
	a.	The questions must match the program of study. General topic* questions are not acceptable.				
	b.	An answer key must be included.				
		topics includes sciences, equipment, orientation, school policies, state law and regulations, business management, ethics, etc.				
VIII.		thetics schools must submit a list of the equipment used in training, as required by 18 VAC 41-70-210.A-D.				
IX.	Sch	ools that want to accept transfer credits for students must have a board approved competency exam.				

The text of the transfer policy must be submitted as well as the 100-question assessment that will be given to potential students. Provide an answer key. The policy must be in alignment with the requirements given in Barbers and Cosmetology Regulation 18 VAC 41-20-210.G, Esthetics Regulation 18 VAC 41-70-190.D, Tattoo Regulation 18 VAC 41-50-280.C and 18 VAC 41-50-360.D.

I certify that my application is complete and contains the information indicated above:

Signature

Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509



www.dpor.virginia.gov

Virginia Board for Barbers and Cosmetology SCHOOL LICENSE APPLICATION

- School must hold a separate license for <u>each and every location</u>.
- Answer all questions completely and accurately. Failure to answer all questions, or provide any additional documentation required, will result in a delay of processing this application. School application can take up to 60 days to process.
- > Detailed Instructions are available on the board's website located at https://dpor.virginia.gov/Board/BarberCosmo/.

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

X	Select the license(s) type you are requesting:	Trans	Fee
	1303 - Barber School (1100 hrs)	1020	\$220
	1303 - Licensed Barber School adding a Barber Instructor Program	9007	\$100
	1303 - Licensed Barber School adding a Master Barber Program (400 hrs)	9007	\$100
	1303 - Licensed Barber School adding a Dual barber/master barber program (1500 hrs)	9007	\$100
	1205 - Cosmetology School	1020	\$220
	1205 - Licensed Cosmetology School adding a Nail Technician Program	9007	\$100
	1205 - Licensed Cosmetology School adding a Wax Technician Program	9007	\$100
	1205 - Licensed Cosmetology School adding an Instructor Program	9007	\$100
	1209 - Nail Technician School	1020	\$220
	1209 - Licensed Nail Technician School adding an Instructor Program	9007	\$100
	1219 - Waxing School	1020	\$220
	1219 - Licensed Waxing School adding an Instructor Program	9007	\$100
	1251 - Tattooing School	1020	\$220
	1251 - Licensed Tattooing School adding a Perm. Cosm. tattooing program	9007	No Fee
	1251 - Licensed Tattooing School adding a Master Perm. Cosm. tattooing program	9007	No Fee
	1252 - Permanent Cosmetic Tattooing (PCT) School	1020	\$220
	1252 - Licensed PCT school adding a Master Perm. Cosm. tattooing program	9007	No Fee
	1267 - Esthetics School	1020	\$220
	1267 - Esthetics School adding a Master Esthetician Program	9007	No Fee
	1267 - Licensed Esthetics School adding an Instructor Program	9007	No Fee

> The license type selected above will be approved for "classroom - only". See question #11 for online approval.

- 1. Is this school currently licensed with the Virginia Board for Barbers and Cosmetology and <u>adding</u> a new program to the current license?
 - No

Yes If yes, provide your license information:

Virginia License Number

Expiration Date

- 2. School/Business or Sole Proprietor Name
 - > A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

OFFICE USE USE ONLY	
ONLY	

3.	Trade, "Doing Business As	s" (DBA) or Ficti	ious Name [*] of	school			
	▲ If a Trade or Fictitious Na §59.1-69 of the Code of W			icate filed with the Virginia Sta	ate Corporation (Commission (SCC) pursuant to
4.	A. Type of business ent	ity (select only <u>c</u>	one)				
	Sole Proprietorship	Genera	l Partnership	Solely Owned L	LC 📩 🗌 Co	rporation	
	Limited Partnership	D Limited	Liability Compa	iny [•] Other, please sp	pecify:		
	Other: Association, Busir Professional Limited Liabili		ient Agency, Joint	Venture, Limited Liability Part	nership, Non Pro	fit, Professional C	orporation, or
	B. State Corporation Co	mmission Numb	ber:	(f applicable)		
	Virginia State Corporation under the laws of the Con	n Commission (incl monwealth of Virgin with the State Corpo	uding all out-of-s nia or otherwise a	, or limited partnership , you tate businesses). Firm/Busin uthorized to transact business on. For additional information	esses shall be o in Virginia. Firn	organized as busi n/Businesses mus	ness entities t register any
5.	Provide one of the followir	ig identification i	numbers*:				
	Business Federal Emp	loyer Identificatio	n Number (FEIN	,	yer Identification N	umber (12-3456789)
	☐ Sole Proprietor's/Indivi ☐ <u>Virginia</u> Department o		•	or Social Security		-	9)
	 Enter the same identification 	number as used on p	revious applications	or licenses on file with the depart	-		•)
				ly owned LLC, to provide a feder rity number or a control number is			
6.	Mailing Address (PO Box	accepted)					
	The mailing address will						
	printed on the license		City			State Z	ip Code
7.	Street Address (PO Box r	ot accepted)	Check he	e if Street Address is the <u>same</u> a	s the Mailing Addr	ess listed above.	
	PHYSICAL ADDRESS F	REQUIRED					
			City			State Z	ip Code
8.	Contact Numbers						
		Primary Teleph	one	Alternate Telephone			
9.	Email Address						
10.	List all member of Respo			bublic record and will be disclo			
10.	a limited partnership, offic of the business/organization	ers/directors of	· ·				
1	5	, 		Address	Social	Security No. or	Date of
Iſ	ndividual's Full Legal Name	Title		Address	VA DM	V Control No.*	Birth
		1					

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.

*

- 11. For the license type selected on page 1, would the school like to ask for approval* to teach certain section of the course online along with the classroom request? Schools may offer non-traditional or 'online' instruction on all theory topics in their approved curriculum.
 - No 🗌 Yes 🗌
- 12. Does the school receive compensation for services provided for its clinic?
 - No

 - Yes 🗌 If yes, provide the Virginia salon, shop, spa or parlor license number and expiration date.
 - VA License Number

Expiration Date

13. List each **Instructor** who will be employed by the school, their professional type and Virginia license number: Note: Cosmetology schools must have at least one instructor who is certified to teach straight razor shaving. This instructor can be a certified cosmetology instructor (trained in straight razor shaving), barber instructor, or master barber instructor.

Full Name	Professional Type	Virginia License Number	Signature*

* The Board will independently contact your instructor to verify employment.

- Has this Business/Organization or any member of Responsible Management ever been subject to a disciplinary 14. action taken by any (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.
 - No 🗌
 - Yes If yes, complete the Disciplinary Action Reporting Form.
- Has this Business/Organization or any member of Responsible Management ever been refused or denied a 15. business, professional or occupational license, certification, or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing by any (including Virginia) local, state or national regulatory body?

No	

- Yes If yes, complete the Denial of Licensure Reporting Form.
- 16. A. Has this Business/Organization or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any felony within the last 20 years? Any plea of nolo contendere shall be considered a conviction.
 - No 🗌
 - Yes If yes, complete the Criminal Conviction Reporting Form.

- B. Has this **Business/Organization** or any member of **Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> **involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury** within the last two (2) years? Any plea of nolo contendere shall be considered a conviction.
 - No 🗌
 - Yes If yes, complete the Criminal Conviction Reporting Form.
- 17. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology, Tattooing, and Esthetics Regulations.

Signatures for all Responsible Management is required:

(sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

1.	Print Name	Title	
	Signature		Date
2.	Print Name	Title	
	Signature		Date
3.	Print Name	Title	
	Signature		Date
4.	Print Name	Title	
	Signature		Date
5.			
	Signature		Date
6.	Print Name	Title	
	Signature		Date