

Prov Inc.

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Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology

EAR-PIERCER

EXAMINATION & LICENSE APPLICATION

Fee \$99.00

Instructions: Applicants are encouraged to apply online at <https://provexam.com/>

- If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to **Prov Inc** and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a new application and new examination fee.

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

Last (required) First (required) Middle Suffix

2. Provide at least **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. Date of Birth

MM/DD/YYYY

4. Maiden Name or Former Surname(s)

5. Mailing Address (PO Box accepted)

The mailing address will be
printed on the license.

City State Zip Code

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

City State Zip Code

7. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

8. Email Address

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

9. Have you ever taken the Ear-Piercer Examination in Virginia?

No ☐

Yes ☐ If yes, enter Month(s)/Year(s) Taken

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		0000	

10. Have you been **previously** licensed in Virginia as an Ear-Piercer?

No ☐

Yes ☐ If yes, provide your license number and expiration date below

VA License Number

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Expiration Date _____

11. Which method are you using to qualify for the examination? Select only **ONE**.

☐ Training Completed within the Commonwealth of Virginia:

☐ Completion of an approved ear-piercing apprenticeship program in a Virginia licensed ear-piercing salon

Required Documentation: A completed Ear-Piercing Apprenticeship Completion Form

☐ Training Completed outside the Commonwealth of Virginia, but within the United States and its territories:

☐ Completion of an ear-piercing training or apprenticeship program which is substantially equivalent to the Virginia program

Required Documentation: Attach an official school transcript indicating successful completion of the training or apprenticeship program **or** written verification from the Licensing Board in the state where the training was received.

☐ Completion of substantially equivalent ear-piercing apprenticeship program (consisting of a minimum of 400 hours of training) **and** five hours of health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to ear-piercing and first aid and CPR) ❖

Required Documentation: Attach a certificate, an official school transcript, or other documentation verifying successful completion of the training or apprenticeship **and** documentation verifying successful completion of the required health education

☐ Three years of ear-piercing work experience within the previous five years **and** completion of at least five hours of health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to ear-piercing and first aid and CPR) ❖

Required Documentation: Attach a completed Ear-Piercer/Body Piercer/Tattooer - Experience Verification Form **and** documentation verifying successful completion of the required health education

❖ All health education courses must be completed from a Board approved Education provider listed on the Board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".

☐ Previously licensed in Virginia by examination and past the reinstatement period

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology

☐ Endorsement applicant required to complete Virginia examination

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology

12. Do you hold a current or have you ever held an **ear-piercer** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?

No ☐

Yes ☐ If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes ☐

No ☐ If **no**, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

- * Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, endorsement, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at bchoplicensing@dpor.virginia.gov or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

14. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, ear-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).

15. A. Have you 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. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

16. 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 desire. 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 Body-Piercing Regulations*.

Signature _____ Date _____

17. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:
- ⇒ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
 - ⇒ taken in front of a plain white background
 - ⇒ be a full-face view, directly facing the camera with a neutral facial expression

*Attach Photo Here.
Photocopy pictures are
not permitted.*