Commonwealth of Virginia Department of Professional and Occupational Regulation

Prov Inc. 150 W Civic Center Blvd, Suite 601 Sandy, UT 84070 Telephone: (877) 228-3926 Email: support@provexam.com Website: www.provexam.com



Virginia Board for Barbers and Cosmetology **MASTER ESTHETICIAN -**MASTER ESTHETICS INSTRUCTOR **EXAMINATION & LICENSE APPLICATION**

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.

×	License Type	Fee			
	1264 - Practical & Theory Exam	\$194.00			
	1264 - Practical Exam	\$95.00			
	1264 - Theory Exam	\$99.00			
	1265 - Instructor Exam	\$99.00			

Select one examination type you are requesting:

1. Have you ever held a Esthetician license issued by the Virginia Board for Barbers and Cosmetology?

No	If no, YOU DO NOT QUALIFY for this license type.	Complete the	Permanent	Cosmetic	Tattooer	- Exam
	and License Application.					

If yes, provide your license number and expiration date: Yes [

	Virginia License Numb	er				Expiration	n Date	
	Full Legal Name (As it appears on you	ur government iss	ued ID or other	legal do	ocume	ntation.)		
	Last (required)	First (required)			Middle			Suffix
	Provide at least one of the following i	dentification nun	nbers [*] :					
	Social Security Number and/or			-		-		
	DMV Control Number							
	> Enter the same identification number as use	d on examination, pre	vious applications of	r licenses	s on file	with the departme	ent.	
	State law requires every applicant for a licer by the Commonwealth to provide a social se							or occupation issued
	Date of Birth							
	MM/DD/YYYY							
•	Maiden or Former Name(s)							
	Mailing Address (PO Box accepted)							
	The mailing address will be							
	printed on the license.	City					State	Zip Code

OFFICE USE ONLY	DATE	FEE	trans code	ENTITY #	FILE #/LICENSE #	ISSUE DATE
A 450 100				Poord for P	arbora & Coomotology/MASTED ESTUETICIAN & IN	

7.	Street Address (PO PHYSICAL ADD	Box <u>not</u> accepted) RESS REQUIRED	Check here	e if Street Addre	ss is the <u>s</u>	<u>same</u> as the Mailing	g Address listed abov	/e
			City				State	Zip Code
8.	Contact Numbers		City				Sidle	Zip Code
0.	Contact Numbers	Primary Teleph	hone	Altern	ate Telep	bhone		
9.	Email Address							
10.	No 🗌	Email address the Master Esthetic provide the following		Esthetician		-	-	
		Master Esthetician E			∕ear ta	ken:		
		Master Esthetician In	nstructor Exam	Month/				-
11.	No 🗌 Yes 🗌 If yes	riously licensed in Vir , provide your license cense Number	-			V	tion Data	
	VALIO					Expira	ition Date	
	of Labor and Required Completion o Required Completion o that is obtaine Required from the Li	Documentation: A completed f an approved master Documentation: Attach a co of 600 hours of master ed outside the Commo Documentation: Attach an o consing Board in the state wh	ed Department of Lab r esthetics traini ompleted <u>Training Ver</u> er esthetician tra onwealth of Virg official school transci here the 600 hours of	or and Industry f ng program r <u>ification Form</u> sining which ginia. ript indicating su training were red	orm avail in a Vi is sub ccessful ceived.	able from your app rginia licensed stantially equi completion of 600	renticeship Represen d esthetics scho valent to the Vi hours of instruction of	ntative. Dol irginia program or written verification
	and six mont the Common Required esthetician esthetician	of substantially equiva ths of master esthetici wealth of Virginia. Documentation: Attach a ce course and a completed Es work experience ake the Master Estheti	ian work experie ertificate, an official so sthetician/Master Est	ence. Both t chool transcript, hetician - Exper	raining or other of ience Ve	and experien	ce must be obt	ained outside
		nse Number				Expira	ition Date	
	training master	tion to holding the approp g course approved by the esthetics instructor in an e ired Documentation: Attach	Virginia Board for esthetics school.	Barbers and C	Cosmeto	tor applicants are logy under the s	e required to comp upervision of a lice	
		ensed in Virginia by e		-				
	_ ·	imentation: Verification from		•		•		
	Previously lic provide work	censed in Virginia ur experience and have entation: Attach a completed	nder grandfathe completed a B	ering exemp oard approv	otion <i>a</i> ed exa	ind past the mination.		period. Must
		t applicant required to				logy.		

- 13. Do you hold a current or have you ever held a **Master Esthetician** 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?

Vaa	
YAC	
103	

No

- ☐ If <u>no</u>, provide an original Certification of Licensure[•](dated within the last 60 days) from each state/jurisdiction where you are <u>not</u> 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, reciprocity, 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 <u>bchoplicensing@dpor.virginia.gov</u> or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

- 14. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (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.
- 15. 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, or tattooing <u>denied</u> by any (including Virginia) local, state or national regulatory body?

No	
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- Yes If yes, complete the <u>Denial of Licensure Reporting Form</u>.
- 16. 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?

No

- Yes If yes, complete the Criminal Conviction Reporting Form.
- B. Have you 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?
 - No 🗌
 - Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.

- 17. Are you applying for a temporary permit?
 - No 🗌

Yes If yes, your sponsor must complete and sign the following sponsorship statement:

I, the undersigned, agree to supervise all activities related to the practice of esthetics for the named applicant, and shall be responsible for his/her esthetics activities during the time the temporary permit is in force.

Printed Name of Sponsor	Signature of Sponsor	
Sponsor's Virginia Master Esthetician License No.		

- 18. 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; Esthetics Regulations.

- 19. 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.	