

**PROFESSIONAL CREDENTIAL SERVICES, INC.**  
 Virginia Cosmetology Coordinator

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**Virginia Board for Barbers and Cosmetology**  
**ESTHETICIAN – ESTHETICIAN INSTRUCTOR**  
**EXAMINATION & LICENSE APPLICATION**

**Instructions:** Complete this form and mail it with a check or money order, for the full amount of the fee, payable to Professional Credential Services, Inc. at the Professional Credential Services address above. Upon passing the exam, Professional Credential Services, Inc. will send you a FEE CARD. Submit the signed FEE CARD and license application fee to the Virginia Board for Barbers and Cosmetology at the Department of Professional and Occupational Regulation.

Select the examination you are requesting. Select only one.

TYPE OF LICENSE		FEE	X
Practical & Theory Exam	1261	\$155.00	<input type="checkbox"/>
Practical Exam	1261	\$80.00	<input type="checkbox"/>
Theory Exam	1261	\$75.00	<input type="checkbox"/>
Instructor Exam	1262	\$75.00	<input type="checkbox"/>

1. Name \_\_\_\_\_  
 Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number \*  -  -   
 \* 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 \_\_\_\_\_

4. Maiden Name or Former Surname(s) \_\_\_\_\_

5. Street Address (PO Box not accepted) \_\_\_\_\_  
 PHYSICAL ADDRESS REQUIRED \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

6. Mailing Address (PO Box accepted) \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license. \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

7. E-mail Address \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_  
 Primary Telephone Alternate Telephone Facsimile

9. Do you have a current or expired esthetician or master esthetician license issued by the Virginia Board for Barbers and Cosmetology?  
 No   
 Yes  Virginia License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

10. Are you applying to take an Instructor examination?

No

Yes ♦ VA License No. 1261 Expiration Date \_\_\_\_\_

**If Yes, please skip to #12.**

- ♦ In addition to holding the appropriate Virginia practitioner license, instructor applicants are required to complete an instructor-training course approved by the Virginia Board for Barbers and Cosmetology under the supervision of a licensed esthetics or master esthetics instructor in an esthetics school.

**Required Documentation:** Completed *Training & Experience Verification Form* and transcripts and/or diploma

11. Which method are you using to qualify for an esthetician license?

Completion of an approved esthetics training program in a Virginia licensed esthetics school

**Required Documentation:** A completed *Training & Experience Verification Form*

Completion of 600 hours of esthetician training which is substantially equivalent to the Virginia program but is obtained outside the Commonwealth of Virginia

**Required Documentation:** A diploma or official school transcript indicating successful completion of 600 hours of instruction or written verification from the Licensing Board in the state where the 600 hours of training were received

Completion of a substantially equivalent esthetician course (consisting of less than 600 hours of training) and six months of esthetician work experience. Both training and experience must be obtained outside the Commonwealth of Virginia, but within the United States and its territories

**Required Documentation:** A certificate, diploma or other documentation verifying successful completion of the esthetician course and a completed *Training & Experience Verification Form* documenting at least six months of esthetician work experience

12. Do you have a **current or expired** esthetician or master esthetician license in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No

Yes  If yes, list the licenses, certifications and registrations in the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

13. 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 esthetic activities during the time the temporary permit is in force.**

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Signature of Sponsor

Sponsor's Virginia Esthetician/Master Esthetician License No. \_\_\_\_\_

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

No

Yes  If yes, please provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision.

15. Have you ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*

No

Yes

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; **and** any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

*Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

16. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Esthetics Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

