

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Barber Apprentice Checklist**

- Application
- Copy of Driver's License/State ID
- High School Verification
- Copy of Supervising Barber Driver's License/State ID



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Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island  
Board of Hairdressing & Barbering**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As A***

**Barber Apprentice**

If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

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License # \_\_\_\_\_  
Name \_\_\_\_\_

*Applicant - Print Name (First/MI/Last)*

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

## LICENSURE REQUIREMENTS

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- Completed Application with Cover Page - You may not practice until your license is issued.
- Submit a copy of driver's license or state issued photo id
- Verification of High School Graduation or GED equivalency - Transcript sent directly from the school or copy of diploma or GED. NOTE: If you graduated from a foreign High School, you must contact the Center for Education, Boston, MA, at (617) 338-7171 for High School Verification
- Submit a copy of driver's license or state issued photo id from the Supervising barber

No person shall engage to work as an apprentice barber unless such person is duly registered by the Department of Health. An apprentice barber shall perform barbering under the direct supervision of a licensed barber. The supervising barber must be on the premises at all times with the apprentice. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once your application is complete it will be reviewed, and you will be issued a registration number.

### **Licensure Information**

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



# State of Rhode Island Board of Hairdressing & Barbering

Application for License as a Barber Apprentice

*Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.*

### 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

### 2. Social Security Number

 -  - 

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

### 3. Gender

 Male       Female

### 4. Date of Birth

 /  / 

Month

Day

Year

### 5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 - 

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 - 

Home Phone

 - 

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

### 6. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (High School, University, College, Trade/Technical School etc.)

Name of School

Did you attend a barbering school?       Yes       No

If yes,

Name of Barbering School

Number of Hours:

**7a. Affidavit of Applicant**

I, \_\_\_\_\_, HEREBY make application to the Office of Health Professions Regulation to be registered as an apprentice barber in accordance with Chapter 5-10 of the General Laws and the provisions of the Rules and Regulations for the Licensing of Barbers (R5-10 Hair).

\_\_\_\_\_  
Signature of Apprentice

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**7b. Affidavit of Supervising Barber**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_ RI License Number - BA \_\_\_\_\_ operating a Hair Design Shop under the Business name of \_\_\_\_\_

Located at \_\_\_\_\_  
Street City/Town State Zipcode

In consideration of the above agreement of \_\_\_\_\_ I hereby agree to employ him/her as an apprentice barber on a full time basis for a two year period or a six-month apprenticeship to those applicants who have completed a 1000 hour Barber Training Program in an accredited school. I further agree that in the event his/her services should be terminated prior to the completion of the applicable period, that I will immediately notify the Center for Professional Licensing, Board of Hairdressing and Barbering. I hereby acknowledge that failure to comply with the above conditions of this agreement may result in disciplinary action against my state license(s) by the Department of Health.

NOTE: Supervising Barber must have held a Barber License for at least three (3) years in order to sponsor an apprentice and **must provide a copy of a state issued photo id or driver's license with this application.**

\_\_\_\_\_  
Signature of Supervising Barber

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary



\_\_\_\_\_  
Notary No./Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)



## Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

### I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: \_\_\_\_\_

### II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

### III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

### IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

### V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

### VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

### VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

*On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.*