

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

**Cosmetology Checklist**

- Endorsement       Examination
- App. & Fee
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Birth Certificate
- Photo
- High School Diploma
- Transcript
- Lic. Verification from other States



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

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***

FOR OFFICE USE ONLY

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

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Barber</b><br>(Requires 1500 Hours of Training)    | <input type="checkbox"/> <b>Hairdresser</b><br>(Requires 1200 Hours of Training)  |
| <input type="checkbox"/> <b>Manicurist</b><br>(Requires 300 Hours of Training) | <input type="checkbox"/> <b>Esthetician</b><br>(Requires 600 Hours of Training)   |
| <input type="checkbox"/> <b>Endorsement</b>                                    | <input type="checkbox"/> <b>Examination</b>   |
| Temporary Permit<br><input type="checkbox"/> yes <input type="checkbox"/> no   | Retake? <input type="checkbox"/> yes <input type="checkbox"/> no<br>Spanish? <input type="checkbox"/> yes <input type="checkbox"/> no |

**MILITARY STATUS ELIGIBILITY** *(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

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*LAST NAME*

*FIRST NAME*

*MI*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

# GENERAL INFORMATION

## Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Original and All Other States of Licensure.....	10

## Requirements

### Licensure By Examination

1. Fee of **\$25.00** (Non Refundable - Check or Money Order ONLY - Payable to RI General Treasurer).
2. Recent passport type photograph.
3. Original U.S. birth certificate, or copy that has been notarized as a true copy of the original or, if born outside the U.S.; original notarized copy of citizenship or Lawful alien status (Submitted documents will **NOT** be returned to you).
4. Official transcript sent directly from the school of Hairdressing/Barbering/Esthetics/Manicuring.
5. Copy of high school 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.
6. Applicants by exam must schedule their own appointment with our testing service for the NIC written exam. Contact PSI at [www.psiexams.com](http://www.psiexams.com) to schedule your appointment. **No applicant should schedule the written exam until he/she has completed all of the required hours for licensure.**

### Licensure By Endorsement

1. Fee of **\$25.00** (Non Refundable - Check or Money Order ONLY - Payable to RI General Treasurer).
2. Recent passport type photograph.
3. Original U.S. birth certificate, or copy that has been notarized as a true copy of the original or, if born outside the U.S.; original notarized copy of citizenship or Lawful alien status (Submitted documents will **NOT** be returned to you).
4. Official transcript sent directly from the school of Hairdressing/Barbering/Esthetics/Manicuring.
5. Copy of high school 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.
6. Photo Copy of an **out-of-state license**. A 90 Day Temporary License will be issued after receipt of a completed application, fee and a photocopy of an active out-of-state-license. Only one temporary license will be issued per applicant and is non-renewable.
7. License Verifications sent directly from the board from each state in which you have ever been licensed including the state of original licensure verifying that you have passed a written and practical examination.

### Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

## **Foreign-Trained Applicants - Compliance with R5-10 HAIR, Section 9.0 “Requirements for Applicants from Another Country”**

Please refer to our Rules and Regulations to be sure you meet our licensing requirements. You must have passed both a written and practical examination in the state where you were licensed. If you did not take both examinations, you will be required to take the missing examination(s) here in Rhode Island.

You must have completed the necessary hours of training: Barber, 1500; Esthetician, 600; Hairdresser, 1500; Manicurist, 300 and those hours must be verified by the receipt of a transcript directly from your school.

### **Rules and Regulations/Laws**

To obtain the Rules and Regulations for your profession please visit:

<http://www.health.ri.gov/licensing/beauty/>

Title 5, Chapter10, entitled: Barbers, Hairdressers, Cosmeticians, Manicurists and Estheticians can be downloaded at the following web web site:

[www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm](http://www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm)

## **APPLICATION PROCESS OVERVIEW**

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Hairdressing & Barbering (Board).

### **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

# INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee, payable to "**RI General Treasurer**" and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is **NON-REFUNDABLE**.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 9). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

**Rhode Island Department of Health  
Board of Hairdressing & Barbering  
Room 104, 3 Capitol Hill  
Providence, RI 02908-5097**

In addition to the materials you mail to HEALTH, the following must be either mailed or requested from other sources.

1. Official transcript from the school of cosmetology must be submitted by the school directly to the Board, at the address listed above. ***Fascimiles will not be accepted.*** This transcript includes the date of completion, graduation, and number of hours. To be eligible for licensure in the State of Rhode Island, ***you must be a graduate of a cosmetology/barbering/manicuring/esthetics program or approved apprenticeship.***
- 2.. Interstate Verification Forms. The original state of licensure must be sent the form on Page 10. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications directly from the licensing authority.

You may obtain the mailing address of all U.S. licensing authorities at the National-Interstate Council of State Boards of Cosmetology

[www.nictesting.org](http://www.nictesting.org)

Please, **do not** contact the Rhode Island Board for mailing addresses of other licensing authorities.



# State of Rhode Island Board of Hairdressing & Barbering

## Application for License as a Hairdresser/Barber/Manicurist/Esthetician/Instructor

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

Country, If NOT U.S.

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

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

### 6. Business

(ONLY if it is  RELATED to  your license.)

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

This address will  appear on the  Department of Health  web site.

Name of Business/Work Location

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

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax



**11. Criminal Convictions**

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are there any formal charges pending?  Yes  No

Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):

_____	Month <input type="text"/>	Year <input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

**12. Disciplinary Questions**

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?  Yes  No

2. Have you ever been denied a license, certificate, registration or permit in any state?  Yes  No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

**13. Affidavit of Applicant**

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, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Hairdresser/Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hairdressing & Barbering of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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)

Notary Seal

**14. Recent Photograph**

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph



# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## **Board Application**

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or proof of **lawful entry** status (if born outside the United States), and understand that submitted documents will not be returned.
- I have attached a photocopy of an active, out-of-state license (if applicable).
- I have a **check or money order**, made payable (in U.S. funds only) to the “**RI General Treasurer**” and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) (pages 5-8)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Hairdressing & Barbering.

I have completed the required hours for licensure and have contacted PSI [www.psiexams.com](http://www.psiexams.com) to schedule my written exam. (Examination Applicants Only)

## **Required Forms**

- I have completed and mailed the following forms as instructed.
  1. Interstate Verification Form - Original State of Licensure and all other states in which you have been licensed.

## **Other Documents**

- I have requested a school transcript as instructed.
- I have requested/attached a copy of my high school diploma or GED as instructed.



# Rhode Island Board of Hairdressing & Barbering

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable - Copy this form as needed.

## INTERSTATE VERIFICATION FORM - ORIGINAL AND ALL OTHER STATES OF LICENSURE

I am applying for a license to practice as a Hairdresser/Barber/Manicurist/Esthetician/Instructor in the State of Rhode Island. The Rhode Island Board of Hairdressing & Barbering requires that the following form be completed by the jurisdiction in which I obtained my original license and all other states of licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Hairdressing & Barbering at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

### THIS SECTION TO BE COMPLETED BY THE COSMETOLOGY BOARD

Cosmetology Program Completed:		Graduation Date:	
Location:		Number of Hours Completed:	
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant has completed and passed both Written & Practical Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		Original Date Issued:	Expiration Date:
<p>Questions:</p> <p>1. Does the applicant have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has this licensee ever been investigated by your Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you know of any information that may discredit this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes" to questions 2-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

### Certification:

Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.