



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 Affix Board Seal Here

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