



# Vermont Board of Barbers and Cosmetologists

## Application for Examination

### Application instructions

The following information is intended to help you understand the application process for the Vermont Board of Barbers and Cosmetologists exams.

You must be 18 years of age or older to be eligible to take an examination.

- 1 Thoroughly complete all sections of the Application for Examination form.
- 2 Include the required fees for the exams you wish to take.
- 3 Include any required documentation (see Page 2) for the exam you wish to take and the license you wish to receive.
- 4 If you have a disability and require some accommodation in taking this exam, documentation must be submitted with your application.
- 5 Mail the completed application form, the appropriate exam fees and all required documentation to Prometric.

**IMPORTANT:** If you answer “yes” to any of the questions on Page 8, submit all materials and fees to the Board. Once the Board approves your application, it will be forwarded to Prometric for processing.

### Exam and application deadline dates

Prometric must receive your registration form and fee on or before the registration deadline. If your application is received after the deadline, you will be scheduled for the next available date.

#### 2009 exam dates and registration deadline dates

Examination Date	Registration Deadline
01/12/09	12/24/08
02/09/09	01/21/09
03/09/09	02/18/09
04/13/09	03/25/09
05/11/09	04/22/09
06/08/09	05/20/09
07/13/09	06/24/09
08/10/09	07/22/09
09/14/09	08/26/09
10/12/09	09/23/09
11/09/09	10/21/09
12/14/09	11/25/09

## Required documentation

### Applications must be accompanied by:

- 1 A completed School Verification Affidavit documenting that you have completed the required number of schooling hours (see chart below). Instructor applicants must verify work experience instead.
- 2 A signed Child Support, and Taxes, and Unemployment Contribution statement. See Page 7.
- 3 A Verification of completion of apprenticeship program (if applicable).
- 4 A **copy** of your High School Diploma, GED Diploma, or High School Transcript. Instructor applicants who have already supplied this information with their personal application do not need to supply it again.  
  
If submitting a transcript, the transcript should be mailed directly from the school; or, if mailed by the candidate the transcript must be in a separately sealed envelope from the school. If the school cannot locate the transcript, a letter from the school will be acceptable. The letter must be directly from the school, on the school's letterhead with a signature from the principal or counselor, and must include the time period the student attended the school and the date of graduation.
- 5 If the name on your proof of education differs from what is on your application, you must submit proof of name change, such as a marriage certificate, divorce decree, or petition for name change.



**Important** If any of these items are not enclosed with your completed application, the application will be returned.

### Educational Requirements

To take an examination (and to qualify for a license), you are required to have your school complete the appropriate School Verification Form and submit it with your application. You will **not** be scheduled for an exam until a completed form is submitted.

Exam	Documentation Required
Cosmetology	Proof of completion of 1,500 hours of hairdressing schooling
Barber	Proof of completion of 1,000 hours of barber schooling
Esthetician	Proof of completion of 600 hours of esthetician schooling
Nail Technician (Manicure)	Proof of completion of 400 hours of manicuring schooling
Instructor	Instructor applicants who have already supplied this information with their personal application do not need to supply it again. However, instructor applicants do need to complete the work experience verification form on Page 5.



# Application for Examination Form

## for Vermont Barber-Stylist, Cosmetology, Esthetician, Nail Technician and Instructor Examinations

### Candidate Information

Last Name	First Name	Middle Name	Social Security Number ____-____-____
Street Address (including Apt. number or P.O. Box, if applicable)			Date of Birth
City	State	ZIP Code	County
Daytime Phone Number (including area code) (    )		Evening Phone Number (including area code) (    )	

### Examination Selection

Check the exam category for which you are applying: <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barber/Stylist <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician (Manicure) <input type="checkbox"/> Instructor
Indicate exam(s) you wish to take and if this is your first time testing or a retake: <input type="checkbox"/> Practical: <input type="checkbox"/> First Time <input type="checkbox"/> Retake <input type="checkbox"/> Theory: <input type="checkbox"/> First Time <input type="checkbox"/> Retake <input type="checkbox"/> Law: <input type="checkbox"/> First Time <input type="checkbox"/> Retake

### Fees

Exam Title	Exam Fee	Total
Theory, Law and Practical for all except Instructor (first time)	\$235	\$
Theory and Law for Instructor (first time)	\$135	\$
Theory retake	\$90	\$
Law retake	\$90	\$
Practical retake	\$90	\$
	<b>Total Fee</b>	\$

**Personal checks and cash are not accepted. Fees are nonrefundable and nontransferable.**

### Register by Mail

Fees may be paid by cashier's check, money order, MasterCard or Visa. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please complete the information below. Send this completed form, appropriate fee(s) and all required documentation to\*:

**Prometric, ATTN: VT Cosmetology Program  
1260 Energy Lane, St. Paul, MN 55108**

\*If you answered "yes" to any of the questions on Page 8, submit all materials and fees to:

**Vermont Board of Barbers and Cosmetologists  
National Life Building North FL2  
Montpelier, VT 05620-3402**

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder



# Verification Affidavit for Cosmetology Candidates Vermont Board of Barbers and Cosmetologists

<b>School Verification for Cosmetology Candidates</b>			
Must be completed and signed by someone from your school.			
Name of School		Course of Study	
Street Address		Number of Course Hours Completed	
City	State	ZIP Code	School Identification Number
Name of Student		Dates of Attendance: From: _____ To: _____	
<p><b>Affidavit of School Official</b></p> <p>I do hereby certify that the applicant named above has successfully completed the course of study named above for the number of hours and the duration of training as indicated above.</p>			
Verified By: _____		_____	
Printed Name		License Number	
_____		_____	
Signature		Date	
_____			
Title			

Said student completed a course of hours as follows:

Practical, Supervised Practice and Theoretical Instructions	Hours
Shampooing/Related Chemistry	
Waxing	
Permanent Waving/Hair Straightening/Related Chemistry	
Finger Waving/Pin Curls/Roller Formation/Related Chemistry	
Basic Manicuring/Related Chemistry	
Basic Esthetician Facial/Makeup/Related Chemistry	
Tinting and Bleaching/Rinse and Reconditioning/Related Chemistry	
Haircutting	
Instruction/Lectures on Sanitation/Sterilization/Hygiene/Anatomy/ Laws/Rules/Regulations	
Professional Ethics	
<b>Total Hours</b>	



# Verification Affidavit

## Vermont Board of Barbers and Cosmetologists

<b>School Verification</b> <b>for Barber-Stylist, Esthetician and Nail Technician (Manicurist) Candidates</b> <small>Must be completed and signed by someone from your school.</small>			
Name of School		Course of Study	
Street Address		Number of Course Hours Completed	
City	State	ZIP Code	School Identification Number
Name of Student		Dates of Attendance: From: _____ To: _____	
<b>Affidavit of School Official</b> I do hereby certify that the applicant named above has successfully completed the course of study named above for the number of hours and the duration of training as indicated above.			
Verified By: _____		_____	
Printed Name		License Number	
_____		_____	
Signature		Date	
_____		_____	
Title			

<b>Experience Verification</b> <b>for Instructor Candidates</b> <small>You must account for three years of experience in the profession for which you are seeking to become a licensed instructor.</small>			
Business Name			
Address		City	State
Dates Employed: From (Month/Year):		To (Month/Year):	
Supervisor's Name		Phone Number	
Business Name			
Address		City	State
Dates Employed: From (Month/Year):		To (Month/Year):	
Supervisor's Name		Phone Number	
Business Name			
Address		City	State
Dates Employed: From (Month/Year):		To (Month/Year):	
Supervisor's Name		Phone Number	
Business Name			
Address		City	State
Dates Employed: From (Month/Year):		To (Month/Year):	
Supervisor's Name		Phone Number	



**VERMONT SECRETARY OF STATE - OFFICE OF PROFESSIONAL REGULATION  
APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS**

You must answer questions 1, 2, and 3.

**Regarding Child Support**

A professional license may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support whether or not you have children:

\_\_\_\_\_ I hereby certify that, as of the date of this application I am: (a) not subject to any support order or (b) subject to a support order and in good standing with respect to it, or (c) subject to a support order and in full compliance with a plan to pay any and all child support due under that order.

or

\_\_\_\_\_ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship.

**Regarding Taxes**

A professional license may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes."Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:

\_\_\_\_\_ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application.

or

\_\_\_\_\_ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.

**Regarding Unemployment Compensation Contributions**

No agency of the state shall grant, issue or renew any license with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship. (21 V.S.A. § 1378)

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

\_\_\_\_\_ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application.

or

\_\_\_\_\_ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

\_\_\_\_\_ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # \* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. YOUR SOCIAL SECURITY NUMBER IS NOT SUBJECT TO DISCLOSURE AS PART OF A PUBLIC RECORDS REQUEST.

**STATEMENT OF APPLICANT**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**YOU MUST COMPLETE BOTH SIDES OF THIS FORM**

**The following questions must be answered.** If you answer **“yes,”** to any question, a written explanation is required along with supporting documentation, when necessary.

<b>1</b>	Have you been convicted of a crime other than a minor traffic violation? If <b>“yes,”</b> attach the court documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Has any state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? If <b>“yes,”</b> attach a copy of the order or official notification of the Board action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Has any state or federal licensing authority restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration you hold or held in any profession or occupation? If <b>“yes,”</b> attach a copy of the order or official notification of the Board action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ANSWERS TO QUESTIONS 4, 5, AND 6 ARE NOT SUBJECT TO PUBLIC DISCLOSURE</b>		
<b>4</b>	Have you acquired a physiological, mental, or psychological condition or disorder that in any way impairs or limits your ability to practice with reasonable skill and safety? If <b>“yes,”</b> provide a physician’s statement or medical confirmation of the disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Does your use of alcohol, drugs or medications in any way impair or limit your ability to practice with reasonable skill and safety? If <b>“yes,”</b> please explain in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	Are you engaged in the illegal use of drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “yes” to **any** of the questions on this page, submit all materials and fees to:

**Vermont Board of Barbers and Cosmetologists  
National Life Building North FL2  
Montpelier, VT 05620-3402**

If you answered “no” to **all** of the questions on this page, submit all materials and fees to:

**Prometric  
Attn: VT Cosmetology Program  
1260 Energy Lane  
St. Paul, MN 55108**