

# Oregon Health Licensing Agency

## Board of Cosmetology



700 Summer St. NE, Suite 320  
 Salem, OR 97301-1287  
 Phone: (503) 378-8667  
 Fax: (503) 370-9004  
 Web Site: <http://www.oregon.gov/ohla/cos>  
 E-mail: [ohla.info@state.or.us](mailto:ohla.info@state.or.us)

### PRACTITIONER APPLICATION

Please check fields of practice you are qualifying for:

Barber  Hair Design  Esthetics  Nail Technology

Application by Reciprocity  Yes  No State: License number:

#### 1. Applicant Information

APPLICANT NAME LAST FIRST MIDDLE INITIAL

RESIDENTIAL ADDRESS

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

HOME TELEPHONE BUSINESS TELEPHONE E-MAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER  
 Female  Male / /

Have you ever been known under any other name?  YES  NO If yes, list full name(s):

Do you hold or have you previously held licensure, certification or registration with the Agency?  YES  NO

#### 2. Individual Records Questions

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to, probation, civil penalties, limiting in any way, of a license, certificate, registration or permit.)  
 NO  YES If yes, please explain:

● Have you ever been convicted of a misdemeanor or felony?  
 NO  YES If yes, please explain:

Do not write in this section – Official use only

INITIALS \_\_\_\_\_  OTC  VERIFIED ID Qualified Exam:  Barber  Hair  Esthetics  Nail  Oregon Laws & Rules  Re-exam

Method of Payment:  Visa  MasterCard  
 Discover  Cash  Check  M.O.  P.O.  
 AMOUNT: \_\_\_\_\_ INITIALS \_\_\_\_\_  
 APPROVAL CODE/CK# \_\_\_\_\_

Method of Payment:  Visa  MasterCard  
 Discover  Cash  Check  M.O.  P.O.  
 AMOUNT: \_\_\_\_\_ INITIALS \_\_\_\_\_  
 APPROVAL CODE/CK# \_\_\_\_\_

Method of Payment:  Visa  MasterCard  
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 AMOUNT: \_\_\_\_\_ INITIALS \_\_\_\_\_  
 APPROVAL CODE/CK# \_\_\_\_\_

# **APPLICATION CHECK LIST**

Application fee

## **SUBMIT REQUIRED DOCUMENTS BASED ON ONE OF THE LICENSING PATHWAYS LISTED BELOW:**

**Pathway 1:** Official Transcript issued by an Oregon licensed career school of barbering, hair design, esthetics or nail technology, and completed original official transcript of practical examination, signed by the authorized school personnel proctoring the Board sanctioned examination, certifying that criteria for the practical examination was met and that the applicant satisfactorily demonstrated minimum competencies established by the Department of Education, Private Career Schools, in collaboration with the Board.

**Pathway 2:** Applicants from another state or country who have completed education requirements established by a regulatory authority in another state or country, where certification or licensure was not attained or reciprocity requirements were not met must submit documentation to the agency for evaluation to determine qualification and fitness to practice. Documentation submitted to the agency must be in English. If documents require translation, a copy of the official document(s), in the original language, must be submitted with the written translation in English. Once the applicant's authorization to practice has been verified (pursuant to 1 or 2 of this section) Documents that substantiate completed education and training includes but is not limited to the following:

- Verification of inactive authorization to practice
- Transcripts verifying education
- Apprenticeship documentation

**Pathway 3:** If licensed in another state Verification (Affidavit) of Licensure is required - This means an original document verifying an authorization to practice status and history, including information disclosing all unresolved or outstanding penalties and/or disciplinary actions. The document is issued and signed by the regulatory authority in the state which issued the authorization with an official seal or stamp affixed to the document; it is not the certificate, license or registration form issued which authorizes the holder to practice.

Two forms of acceptable original identification issued by a federal, state or local government agency of the United States. **One form of identification must be photographic:**

Acceptable identification includes, but is not limited to:

- United States passport
- Driver's license
- Social Security Card
- Original or Certified Copy of Birth certificate

For a full list of acceptable identification [click here](#) or contact the agency

Completed, signed and dated application.

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency. I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency. This information may be used by OHLA to conduct a criminal history check, a background investigation, fingerprinting and to document your qualifications in accordance with OAR 331-030-0005.

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_