

INSTRUCTION SHEET

Cosmetologist

Examination

Endorsement of License

Restoration

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

GENERAL INSTRUCTIONS

Complete the four-page application for Licensure and/or Examination. All questions must be answered and your signature must be affixed.

Complete Part I, Application Category Information as indicated below:

| 1. Profession Name | 2. Profession Code | 3. Licensure Method | 4. Fee |
|--------------------|--------------------|------------------------|---------------------|
| Cosmetologist | 011 | Examination | See Reference Sheet |
| Cosmetologist | 011 | Endorsement of License | \$45.00 |
| Cosmetologist | 011 | Restoration | See RS Form |

Fees paid to the Department are **NOT REFUNDABLE**.

Complete Part II – Part IX on the four-page application.

Disclosure of your U.S. Social Security Number is mandatory.

If the name reported on your application is different from the name shown on any supporting document, you must submit proof of legal name change. Acceptable proof of legal name change is copy of marriage license, divorce decree or court order showing name change.

Any document submitted in a foreign language must be accompanied by an original, notarized English translation. The translator must certify on the translation that he/she is fluent in English and the language of the document. The translator must certify to the accuracy of the translation.

Personal History Information

On Part VI, Personal History Information on the four-page application, you must answer “yes” or “no”. If any of your responses to numbers 1 through 6 are “yes,” submit all required information as indicated on the application.

If you have been convicted of a criminal offense, you must submit a signed and dated statement reporting every criminal conviction entered against you in any state or federal court. You must indicate each charge, sentence and whether you have successfully completed the sentence imposed.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

**Personal History Information
(cont'd)**

You must contact the court where the conviction is entered and request a certified record that includes all information on file for each conviction. The court record must contain an official signature and seal designating the keeper of the records.

If you are currently serving probation or parole as a condition of your sentence, you must contact the appropriate probation office or parole office to obtain an official statement. The officer must submit a signed and dated statement indicating whether you are in compliance with the terms of your probation or supervised release. This must include the anticipated date of discharge.

INSTRUCTIONS TO APPLY FOR THE COSMETOLOGIST EXAMINATION

To apply for the Illinois cosmetologist examination, you must file an application, examination fee and supporting documents with Continental Testing Services, Inc. as detailed below.

After you have been notified that you have successfully completed the examination, you must file the license application and fee with the Department to receive a cosmetologist license.

You must apply for your license within one year from the date that you are notified that you have successfully completed the examination. If you do not apply for your license within one year, your examination grade will be voided and you will be required to retake the examination to receive a license.

Application Requirements

Complete the four-page application for Licensure and/or Examination. All questions must be answered. Your signature must be affixed. Application must be dated. (See General Instructions)

Transcript

Submit an official transcript from an approved cosmetology school showing graduation from a cosmetology program with at least 1,500 hours of instruction in cosmetology. Illinois schools must be licensed by the Department. Schools located outside of Illinois must be recognized and authorized to operate in the jurisdiction where the school is located.

Graduates of a barber school must submit an official transcript from an approved barber school showing graduation from a barber program with at least 1,500 hours of instruction in barbering along with an official transcript from an approved cosmetology school showing graduation from a cosmetology program with at least 1000 hours of instruction in cosmetology.

If your school is no longer in operation, you must submit a signed and dated statement notifying the testing service of this fact. You must also submit a Certification from the licensing board in your state of original licensure. The Certification must indicate the number of hours that were required for your cosmetology program.

**Application Requirements
(cont'd)**

Any document submitted in a foreign language must be accompanied by an original, notarized English translation. The translator must certify on the translation that he/she is fluent in English and the language of the document. The translator must certify to the accuracy of the translation.

CT

If you have ever been licensed or registered as a cosmetologist in another state or territory of the United States or in a foreign country or province, a Certification by Licensing Agency/Board (**CT**) must be submitted to the Department by the Government Board or Council in your jurisdiction of original licensure and current licensure. Governments may submit their own official Certification in lieu of submitting the **CT**.

Proof of Name Change

If the name on your application is different than your name shown on any supporting document, you must submit proof of legal name change (i.e. copy of marriage license, divorce decree, affidavit).

Fee

See the attached Reference Sheet for the fee amount. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.

Mail Application

Mail the four-page application, supporting documentation and fee payment to:

Continental Testing Services, Inc.
P.O. Box 100
LaGrange, IL 60525-0100

OR

You may register for the examination on the testing service's website at www.continentaltesting.net. Follow the links to complete the Online Cosmetology Application.

Assistance

If assistance is needed, direct your request to the following telephone number:

Continental Testing Services, Inc: 708-354-9911 ext. 106
Telecommunication Device for the Deaf: 1-800-869-1313

When an operator answers, state the profession for which you are applying and that you need assistance with your application.

INSTRUCTIONS TO APPLY FOR A COSMETOLOGIST LICENSE BY ENDORSEMENT

Applicants Licensed in the United States

To apply for an Illinois cosmetologist license by endorsement, you must file an application, fee and supporting documents with the Department as detailed below.

You must hold an active cosmetologist license in another state or territory of the United States at the time that your license application is received by the Department.

Note: The practice of cosmetology in Illinois without the benefit of a valid license is strictly prohibited and could result in civil/criminal penalties and discipline of your license.

Application Requirements

Complete the four-page application for Licensure and/or Examination. All questions must be answered. Your signature must be affixed. Application must be dated. (See General Instructions)

CT

A Certification by Licensing Agency/Board (**CT**) must be submitted to the Department by the State Board in your jurisdiction of original licensure and current licensure. State Boards may submit their own official Certification in lieu of submitting the **CT**.

Proof of Name Change

If the name on your application is different than your name shown on any supporting document, you must submit proof of legal name change (i.e. copy of marriage license, divorce decree, affidavit).

Fee

The current fee for a license by endorsement is \$45.00. Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

Mail Application

Mail the four-page application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

Assistance

If assistance is needed, direct your request to the following telephone number:

Dept. of Financial and Professional Regulation: 1-800-560-6420
TTY: 1-866-325-4949

When an operator answers, state the profession for which you are applying and that you need assistance with your application.

INSTRUCTIONS TO APPLY FOR A COSMETOLOGIST LICENSE BY ENDORSEMENT

Applicants Licensed in a Foreign Country or Province

To apply for an Illinois cosmetologist license by endorsement with the Department, you must file an application, fee and supporting documents as detailed below.

You must hold an active cosmetologist license in a foreign country or province at the time that your license application is received by the Department.

Note: The practice of cosmetology in Illinois without the benefit of a valid license is strictly prohibited and could result in civil/criminal penalties and discipline of your license.

Application Requirements

Complete the four-page application for Licensure and/or Examination. All questions must be answered. Your signature must be affixed. Application must be dated. (See General Instructions)

Transcript

Submit an official transcript from the school or schools that you attended showing the individual subject areas completed and the hours completed with the school seal affixed or submit an official certification from the Government Board or Council showing the individual subject areas completed and the hours completed with the Board of Council seal affixed.

Submit an original, notarized English translation of the official transcript. The translator must certify on the translation that he/she is fluent in English and the language of the document. The translator must certify to the accuracy of the translation.

Diploma

Submit an official diploma from the school or schools that you attended showing successful completion of the course with the school seal affixed.

Submit an original, notarized English translation of the diploma. The translator must certify on the translation that he/she is fluent in English and the language of the document. The translator must certify to the accuracy of the translation.

Application Requirements
*(Cont'd)***CT**

A Certification by Licensing Agency/Board (**CT**) must be submitted to the Department by the Government Board or Council in your jurisdiction of original licensure and current licensure. **CT** must state the applicant's legal name, the cosmetologist license number, the original issuance date, the expiration date, a brief description of any licensure examination taken to qualify for the license and the grades received; and whether the applicant's file contains any record of disciplinary actions taken or pending.

VE-COB

Verification of Employment/Experience (**VE-COB**) must be submitted to the Department by 3 individuals who have personal knowledge that you practiced as a cosmetologist in your jurisdiction of licensure. The individual may be an employer or one of your clients. The 3 **VE-COBs** must collectively verify that you have practiced cosmetology in another jurisdiction for at least 3 years after completing the requirements to qualify for registration or licensure in that particular jurisdiction.

Proof of Name Change

If the name on your application is different than your name shown on any supporting document, you must submit proof of legal name change (i.e. copy of marriage license, divorce decree, affidavit).

Fee

The current fee for a license by endorsement is \$45.00. Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

Mail Application

Mail the four-page application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

Assistance

If assistance is needed, direct your request to the following telephone number:

Dept. of Financial and Professional Regulation: 1-800-560-6420
TTY: 1-866-325-4949

When an operator answers, state the profession for which you are applying and that you need assistance with your application.

NOTE: When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide information as may be necessary; 2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information; and/or 3) Pass an examination pursuant to Section 3-8 of the Act or complete a 250 hour refresher course at a licensed cosmetology or barber school.

INSTRUCTIONS TO APPLY FOR A COSMETOLOGIST LICENSE BY RESTORATION

IMPORTANT NOTICE: These Restoration Instructions apply only to those cosmetologists whose license has been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, please contact the Department of Financial and Professional Regulation at 1-800-560-6420, TTY: 1-866-325-4949 for detailed instructions on how to restore it to active status.

Application Requirements

Complete the four-page application for Licensure and/or Examination. All questions must be answered. Your signature must be affixed. Application must be dated. (See General Instructions)

RS

Submit a Restoration Questionnaire (**RS**) completed in its entirety. This form must be obtained directly from the Department.

Statement

Submit a signed and dated statement indicating if you are restoring your license based on licensed practice as a cosmetologist in another jurisdiction, based on completion of a 250-hour refresher course, or based on retaking the Illinois Licensed Cosmetologist examination.

Fee

The required fee to restore your cosmetologist license is listed on the **RS**. Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

Licensed Practice

Submit the following documentation if you are restoring your license based on licensed practice as a cosmetologist in another jurisdiction.

CT

A Certification by Licensing Agency/Board (**CT**) must be submitted to the Department by the State Board in the jurisdiction where you have been practicing as a licensed cosmetologist. State Boards may submit their own official Certification in lieu of submitting the **CT**.

Note: CT must verify that your license was active during the time that you were practicing as a cosmetologist.

Application Requirements
(cont'd)

VE-COB

One (1) Verification of Employment/Experience (**VE-COB**) must be submitted to the Department by your employer, a co-worker, or one of your clients who has personal knowledge that you practiced as a cosmetologist in your jurisdiction of licensure. **VE-COB** must verify that you have practiced cosmetology in another jurisdiction within five (5) years before your restoration application is received by the Department.

CE

Submit copies of your certificates of attendance verifying completion of 14 hours of continuing education (**CE**) provided by a continuing education sponsor approved by the Department. All hours must be completed within two (2) years before your restoration application is received by the Department.

Refresher Course

Submit the following documentation if you are restoring your license based on completion of a 250-hour refresher course.

Transcript

Submit an official transcript from an approved cosmetology school or an approved barber school verifying completion of at least 250 hours of instruction in the basic curriculum. Illinois schools must be licensed by the Department. Schools located outside of Illinois must be recognized and authorized to operate in the jurisdiction where the school is located.

Examination

To receive an approval letter to take the Licensed Cosmetologist examination, please submit a signed and dated statement to the Department indicating your intent to take the exam.

Upon receipt and processing of your restoration application, the Department will forward your application to the testing service. The Department will also mail you an approval letter authorizing you to take the exam and providing instructions to register for the examination.

Mail Application

Mail the four-page application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

Assistance

If assistance is needed, direct your request to the following telephone number:

Dept. of Financial and Professional Regulation: 1-800-560-6420
TTY: 1-866-325-4949

When an operator answers, state the profession for which you are applying and that you need assistance with your application.

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE
 Department reserves the right to change examination dates, filing deadlines, and fees
 if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

| Profession Name | Profession Code | Licensure Method | Application Fees |
|-----------------|-----------------|------------------------|-----------------------------------|
| Cosmetologist | 011 | Examination | \$180.00 |
| Cosmetologist | 011 | Endorsement of License | \$ 45.00 |
| Cosmetologist | 011 | Restoration | See Supporting Document RS |

CHART II - EXAMINATION

The application for examination is a dual process. Complete the examination/licensure application and submit it, along with the examination test fee, to Continental Testing Service (CTS) where it will be screened for eligibility.

- Access and complete the examination application:
 - 1) via the internet at www.continentaltesting.net and pay the examination fee with a credit card (VISA or MasterCard).
- Once you are determined eligible, you will receive an Authorization to Test (ATT). Your ATT will contain the necessary information to schedule a test appointment of your choice (date, time, and location). Your ATT will be sent as an electronic document via e-mail. **IMPORTANT: An e-mail address is a mandatory field that must be completed on the application form in Section 12. This ATT eligibility lasts for 60 days only. You must take the examination within those 60 days or reapply with a new fee.**
- ◆ Candidate Handbooks in electronic form are accessible on the CTS or the IDFPR web sites.

NOTE: The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. After successful completion of the examination, you will be notified of the licensure fee.

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

| | |
|---|--|
| Licensure Methods Except Examination (US ONLY) 1-800-560-6420 TTY 1-866-325-4949 Please allow 6 weeks from mailing your application before making an inquiry concerning its status. | Examination Licensure Method Only 1-708-354-9911 |
|---|--|

CHART IV COSMETOLOGY SCHOOL CODES

- Step 1. For active school codes go to www.idfpr.com.
- Step 2. Click on **"Professional Regulation"** and then click on **"Regulated Professions"**.
- Step 3. Click on **"C"** and then click on **"Cosmetologist"**.
- Step 4. Click on **"Resources and Publications"**.
- Step 5. Click on **"Active Cosmetology Schools"**.
- Step 6. Look for your School of Graduation and the School Code is listed first on the chart.

If your school's status is closed, cancelled, change of ownership or not renewed follow steps 1 and 2 then:

- Step 3. Click on **"License Look-Up"**.
- Step 4: Under **"Legal Business Name"** type in your school's name.

The school's license number is its school code.
 If you graduated from a school outside of Illinois the school code is 999.999999

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Cosmetologist

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

| | COMPLETED |
|--|------------------|
| Part I. Application Category Information | |
| Part II. Applicant Identifying Information | |
| Part III. Education Information | |
| Part IV. Record of Licensure Information | |
| Part V. Record of Examination | |
| Part VI. Personal History Information | |
| Part VII. Examination Coding Information (if applicable) | |
| Part VIII. Child Support and/or Tax Information | |
| Part IX. Certifying Statement--Signed and Dated | |
| | SUBMITTED |
| Application Fee | |
| Official transcripts with seal affixed | |
| CT Form (<i>original</i> and <i>current</i> state) if applicable | |
| VE-COB Forms | |
| Proof of Name Change (if applicable) | |
| RS Form (restoration method only) | |
| Refresher Course (restoration method only) if applicable | |
| Certificates of CE Attendance (restoration only) if applicable | |
| Written Statement dated and signed (restoration method) if applicable | |

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

| | | | |
|--------------------|--------------------|---------------------|--------------|
| 1. PROFESSION NAME | 2. PROFESSION CODE | 3. LICENSURE METHOD | 4. FEE \$ |
|--------------------|--------------------|---------------------|--------------|

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

| | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

| | | |
|---------------------------|-------------------------------------|--------------------------------------|
| 1. NAME LAST FIRST MIDDLE | 2. TITLE (e.g., M.D., D.D.S., etc.) | 3. UNITED STATES SOCIAL SECURITY NO. |
|---------------------------|-------------------------------------|--------------------------------------|

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| 4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY | ZIP CODE | COUNTY |
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|---|----------|--------|
| 5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY | ZIP CODE | COUNTY |
|---|----------|--------|

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| 6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) | 7. MOTHER'S MAIDEN NAME |
|--|-------------------------|

| | | |
|--------------------------------------|--|---|
| 8. PLACE OF BIRTH CITY STATE/COUNTRY | 9. DATE OF BIRTH ____ / ____ / ____ Month Day Year | 10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male |
|--------------------------------------|--|---|

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|---|---------------------------------------|
| 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ -- _____ Home: (____) _____ -- _____ (Area Code) (Area Code) Fax: (____) _____ -- _____ Fax: (____) _____ -- _____ (Area Code) (Area Code) | 12. REQUIRED E-MAIL ADDRESS |
|---|---------------------------------------|

NAME (Last, First, MI) :

SS#:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

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10
11
12
 Graduated High School? Yes No
 OR G.E.D.? Received Yes No

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|---|--|---|
| 2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED | 3. LAST PRELIMINARY SCHOOL LOCATION (City and State) | 4. DATE OF GRADUATION ____ / ____ / ____ Month / Year |
|---|--|---|

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1
2
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7
8
 Graduated? Yes No

| 6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate) | LOCATION (City and State or Country) | DATES OF ATTENDANCE | | TYPE OF DEGREE EARNED |
|---|---|---------------------|------------|-----------------------|
| | | FROM | TO | |
| | | Month/Year | Month/Year | |
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7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

| INSTITUTION NAME | LOCATION (City and State or Country) | DATES OF ATTENDANCE | | Did You Complete Training? |
|------------------|---|---------------------|------------|--|
| | | FROM | TO | |
| | | Month/Year | Month/Year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

NAME (Last, First, MI):

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed, etc.) |
|--|-----------------|----------------|------------------|---------------------------------------|
| State of Original Licensure | | | | |
| State of Current Licensure where you most recently have been practicing. | | | | |
| Other States of Licensure | | | | |
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(If additional space is needed, attach a separate sheet.)

SS#:

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

| NAME OF EXAMINATION | STATE | MONTH/YEAR | EXAM RESULTS |
|---------------------|-------|------------|--------------------------|
| | | | (Passed, Failed, Absent) |
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(If additional space is needed, attach a separate sheet.)

Profession:

| PART VI: Personal History Information <i>(This part must be completed by all applicants)</i> | YES | NO |
|--|-----|----|
| 1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i> | | |
| 2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i> | | |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i> | | |
| 4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | |

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

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b) CHART III - Select the examination site you desire and enter Test Center Code:

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c) CHART IV - Find your School of Graduation and enter school code:

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d) Record the number of times you have taken this exam in Illinois or any other state:

| | |
|--|--|
| | |
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PART VIII: Child Support and Tax Information *(Every applicant is required by law to respond to the following questions)*

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

| | | |
|---|--|---|
| 1. NAME LAST FIRST MIDDLE | 2. DATE OF BIRTH ____ / ____ / ____ Month Day Year | 3. SOCIAL SECURITY NUMBER ____ - ____ - ____ |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code | |
| 6. MAIDEN OR GIVEN SURNAME | 7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____ - _____ | |
| 8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) | 8b. LICENSE NUMBER (If applicable) | 8c. ISSUANCE DATE OF LICENSE (If applicable) |

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board
Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT
LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS
A. The applicant has written is scheduled to write the following examination:

Name of Examination Date of Examination
B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

| | |
|--|-------------------------------|
| A. NAME OF PROFESSION AS IT APPEARS ON LICENSE | B. LICENSE NUMBER |
| C. ISSUANCE DATE OF LICENSE | D. EXPIRATION DATE OF LICENSE |

E. LICENSURE METHOD

| | |
|--|---|
| <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ | <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> Endorsement of License (State) Acceptance of Examination Results _____ (Administered in Another State) | |

| | |
|---|--|
| F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____ | G. IF LICENSED BY EXAMINATION, RECORD SCORES Type of Examination Score Written _____ Practical _____ Other (Describe) _____ Received no Grade Below _____ Examination Period ____ days ____ hours |
|---|--|

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

| | | | |
|--------------------|-------|-----------------|-------|
| Scaled Score | _____ | Raw Score | _____ |
| Standard Deviation | _____ | Corrected Score | _____ |
| National Mean | _____ | Percent Score | _____ |

A 2

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
| | | | | | |
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B. State Constructed Examination

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
| | | | | | |
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PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

| | | | | |
|---------|--|-----------------------------|--|--------------------|
| S E A L | | Print Name | | Signature |
| | | Title | | Date |
| | | Agency/Board Street Address | | Area Code () |
| | | City, State, ZIP Code | | Telephone Number |

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE-COB

APPLICANT: *Complete the applicant section of this form. Forward the form to an employer, or client who has personal knowledge of your practice.*

| | | |
|---|---|---|
| 1. NAME LAST FIRST MIDDLE | 2. DATE OF BIRTH ___ / ___ / ___ Month Day Year | 3. SOCIAL SECURITY NUMBER - - - - - - - - - - |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE (P.O. Box alone is not acceptable) | 5. PROFESSION NAME, PROFESSION CODE. <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Profession Name Profession Code </div> | |
| 6. MAIDEN OR GIVEN SURNAME | 7. ILLINOIS LICENSE NUMBER (Restoration applicants only) | |

DECLARANT: *Complete the remainder of this form.*

PART I

| | |
|----------------------|---|
| A. NAME OF DECLARANT | B. RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Client |
|----------------------|---|

PART II

| | |
|--|---|
| A. PRACTICE PERFORMED BY APPLICANT <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Nail Technology | B. DATES OF APPLICANT'S PRACTICE From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year |
|--|---|

C. LOCATION OF APPLICANT'S PRACTICE (salon name, street address, city, state, zip code)

D. PROFESSIONAL SERVICES PERFORMED BY APPLICANT

I do hereby declare that the information I have recorded hereon is true and correct.

_____ Signature of Declarant

_____ Street Address of Declarant

_____ Date Signed

_____ City, State, Zip Code of Declarant

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

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EMPLOYMENT/EXPERIENCE**

SUPPORTING DOCUMENT

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| 1. NAME LAST FIRST MIDDLE | | | | 2. DATE OF BIRTH ____ / ____ / ____ Month Day Year | | 3. SOCIAL SECURITY NUMBER ____ - ____ - ____ | |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE (P.O. Box alone is not acceptable) | | | | 5. PROFESSION NAME, PROFESSION CODE. _____ Profession Name Profession Code | | | |
| 6. MAIDEN OR GIVEN SURNAME | | | | 7. ILLINOIS LICENSE NUMBER (Restoration applicants only) | | | |

DECLARANT: Complete the remainder of this form.

PART I

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PART II

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PART I

| | |
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| A. NAME OF DECLARANT | B. RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Client |
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PART II

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