

This application is for Applicants that have an existing license that has been expired for five (5) years or more.

Pennsylvania State Board of Cosmetology



REINSTATEMENT APPLICATION FOR PROFESSIONAL LICENSURE BY EXAMINATION

PLEASE PRINT LEGIBLY — USE INK ONLY

1. Social Security Number: - -

Date of Birth: / /
M M D D Y Y Y Y

Gender: ☐ F ☐ M

2. PRINT FULL NAME

NOTE: Candidates must register with the full legal name as it appears on their government-issued identification. The name on the identification must be the same as the name used to register for the examination.

LAST

SUFFIX (If Applicable)

FIRST

MIDDLE NAME

FORMER OR MAIDEN NAME (If Applicable)

3. MAILING ADDRESS

STREET (number and name)

APARTMENT NUMBER

PO BOX

CITY

STATE

ZIP CODE

4. PHONE NUMBER

Mobile Phone Number: - -
AREA CODE

Alternate Phone Number: - -
AREA CODE

5. E-MAIL ADDRESS

6. APPLICATION AND EXAMINATION FEES

☐ Application Fee is \$25.

Application fees may be paid by certified check, company check, or money order only and must be mailed along with your application. Checks are to be made payable to **Pearson VUE** and should be mailed to:

OHT/Pearson VUE
PO Box 1178
Dripping Springs, Texas 78620

Personal checks or cash will not be accepted. Examination fees will be collected at the time you register for your examination after your are approved to test. DO NOT MAIL YOUR EXAMINATION FEES AS IT WILL CAUSE A DELAY IN PROCESSING YOUR REQUEST.

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7. EXAMINATION TYPE AND LICENSE TYPE

LICENSE TYPE (All candidates **MUST CHECK** one of the following exam types.)

- PA-20-10 ☐ Cosmetologist PA-20-14C ☐ Cosmetologist Teacher (Current PA License # _____)
- PA-20-13 ☐ Esthetician PA-20-14E ☐ Esthetician Teacher (Current PA License # _____)
- PA-20-15 ☐ Natural Hair Braider PA-20-14N ☐ Natural Hair Braider Teacher (Current PA License # _____)
- PA-20-12 ☐ Nail Technician PA-20-14 ☐ Nail Technician Teacher (Current PA License # _____)

PA license # _____ License Type _____

8. TEMPORARY LICENSE PERMIT

If you **have not previously been given a temporary license** and wish to obtain a temporary license in accordance with the regulation of the Commonwealth of Pennsylvania State Board of Cosmetology, please check the appropriate box. **NOTE:** Cosmetologist Teacher candidates **CANNOT** request a temporary license.

- | | |
|---|--|
| ☐ I want a temporary license for Cosmetologist. | ☐ I want a temporary license for Nail Technician. |
| ☐ I want a temporary license for Esthetician. | ☐ I DO NOT want a temporary license. |
| ☐ I want a temporary license for Natural Hair Braider. | |

9. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES

Requests for ADA Accommodations should be submitted through <http://pearsonvue.com/accommodations>.

10. QUALIFICATIONS

Please carefully review the Candidate Handbook for the license type you are seeking to understand the requirements for eligibility.

11. BACKGROUND QUESTIONS

Print Full Name: _____

Last Four Digits of SSN: _____

1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? ☐ YES ☐ NO
2. If you answered yes to the above question, please provide the profession and state(s) or jurisdiction.

3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? ☐ YES ☐ NO
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, registration in any state or jurisdiction? ☐ YES ☐ NO
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused or for disciplinary reasons, agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction? ☐ YES ☐ NO

ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY (mandatory for all licensees; signature required)

I, _____, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Licensee Signature

Date

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Candidate Signature _____ Date _____

Application continues next page

BOARD USE ONLY

BOARD APPROVAL :

NAME _____

SIGNATURE _____ DATE _____

12. INFORMATION CONSENT AND WAIVER AGREEMENT/SOCIAL SECURITY ACT CERTIFICATION Please complete these forms on the following two pages.

INFORMATION CONSENT AND WAIVER AGREEMENT

I understand that various cosmetology and/or nail products are to be used during the practical section of the examination for licensure.

I agree that in the event of an illness and/or injury that precludes my completion of the examination, any claim I may have will be limited to a refund of the examination fee paid. I agree that I shall hold harmless the Commonwealth of Pennsylvania, its employees, agents and independent contractors (state) from any and all claims, injury, loss, damage, suits, actions, liabilities, and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the State with regard to any use or misuse of said products during this exam and I release, with informed consent, the State from any liability with respect to the same.

I also agree that I have read the full text of this informed Consent and Waiver of Agreement, as well as the Candidate Information Bulletin.

I understand that any false statement made is subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I verify that this form is in the original format as supplied by the State and has not been altered or otherwise modified in any way. I verify that the information contained on this application form and all supporting documentation is true and correct. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911.

I understand that if I do not appear with proper identification at the scheduled time and date for the examination, all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the examination is cancelled. I ascertain by my signature below that I agree with the conditions noted on this application and in the Candidate Information Bulletin. I also ascertain that my signature below releases my score and personal information to my school and to the State Board.

I understand my signature below serves as acknowledgement that my social security number will be used as my unique identifier for the purpose of reporting results to the state licensing agency and my school of graduation for licensing purposes. I further agree to release Pearson VUE and its subcontractors from any liability arising from the use of my social security number as my unique identifier as required by the state with which I am applying for licensure.

I further understand that it is my responsibility to be aware and knowledgeable of the laws and rules that govern my profession. If I need a copy of the laws and regulations, I will contact the Board. Please check one of the following in order to meet an eligibility requirement for the Commonwealth of Pennsylvania (*if a box is NOT checked, your application will be returned to you*):

COMMONWEALTH OF PENNSYLVANIA RULES AND REGULATIONS

Please select one of the following statements:

- ☐ I have copies of the Cosmetology Law, Rules and Regulations of the State Board of Cosmetology and I understand the content of these laws, rules and regulations.
- ☐ I will visit the State Board's website to access copies and gain an understanding of the content of these law, rules and regulations prior to taking the examination.

CONTACT: Pennsylvania State Board of Cosmetology, P.O. Box 2649, Harrisburg, PA 17105-2649
Phone: (717)-783-7130
E-mail: st-cosmetology@pa.gov
Website: www.dos.pa.gov/cosmet

SOCIAL SECURITY ACT CERTIFICATION

This licensing board is obligated to inform each applicant or licensee from whom it requests a social security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. Section 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW about the licensee, including the social security number.

In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their social security number if applicant or licensee agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your social security number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your social security number.

I certify that I have read the above statement, understanding the full intent and I do give this licensing board permission to report my social security number to the appropriate professional association or licensing board.

Candidate Signature _____ Date _____

Parent's Signature _____ Date _____
(if candidate is a minor)

**2 x 2
color
head and shoulder
photograph
MUST
be attached here
[no photocopies]**

MAILING INFORMATION

WHEN YOU HAVE COMPLETED THIS ENTIRE APPLICATION, PLEASE MAIL THE FOLLOWING ITEMS IN ONE ENVELOPE to:

OHT/Pearson VUE
PO Box 1178
Dripping Springs, TX 78620

- ☐ 1. Your completed application, information consent and waiver agreement, and social security act certification.
- ☐ 2. Your \$25 application fee payable to *Pearson VUE*.

If you do not receive an Approval Letter within ten (10) business days of mailing your application, call 888-511-5352.