

<b>For Office Use Only</b>	Issue Date:	License #:
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## Application for Cosmetology Arts and Sciences

### Iowa Department of Public Health/Bureau of Professional Licensure

**Type of Application: Check only one.**       **Examination**       **Endorsement**

Check each license you are applying for.

<input type="checkbox"/> \$60 Cosmetology	<input type="checkbox"/> \$60 Electrology	<input type="checkbox"/> \$60 Esthetics
<input type="checkbox"/> \$60 Instructor	<input type="checkbox"/> \$60 Nail Technology	

**PLEASE PRINT**

*Instructions are found on page 3*

1. \_\_\_\_\_ 2. \_\_\_\_\_  
*Last Name* *First Name and Middle Name*
3. \_\_\_\_\_  
*Mailing Address*
4. \_\_\_\_\_ 5. \_\_\_\_\_  
*City, State, Zip Code* *E-Mail Address*
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
*Daytime Phone (Including Area Code)* *Date of Birth* *Social Security Number\**
9.  Male     Female    10. \_\_\_\_\_  
*Gender (optional question)* *If any of your documentation is in a name other than your current name, list the previous names of record.*

**The following questions must be answered.** If you answer "Yes" to question #11 – #16 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

**Education: See page 3 for Educational Qualifications**

17. Did you graduate from high school or its equivalent?       **Yes**     **No**

18. Cosmetology school information

School Name	City or Town	State	Date of Graduation

**NOTE:** Applicants educated outside the United States must attach an original evaluation of their education from World Education Services or another accredited evaluation service to this application.

19. **EXAMINATION APPLICANTS ONLY:** (See application checklist on page 3)  Yes  No  
 Have you passed the NIC examination for each type of license you are seeking?  
 If no, to schedule for the exam, call 1-800-733-9267 or go to [www.psiexams.com](http://www.psiexams.com).

20. Are you or have you ever been licensed, certified or registered in another state?  Yes  No  
 If yes, list the two letter postal codes of the state(s) below.

\_\_\_\_\_

21. **ENDORSEMENT APPLICANTS ONLY:** (See application checklist on page 3)  Yes  No  
 Have you passed a national licensure examination for each type of license you are seeking?

Have you held current licensure in another state in the practice discipline(s) for which you are seeking licensure for at least 12 months in the 24-month period preceding this application?  Yes  No

**I certify** that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

\*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

22. \_\_\_\_\_ **Applicant must sign here in ink** \_\_\_\_\_ **Date**

Mail this licensure application and fee, with all required documentation to:

Iowa Board of Cosmetology Arts and Sciences  
 Iowa Department of Public Health  
 Professional Licensure  
 321 E. 12<sup>th</sup> Street – 5<sup>th</sup> Floor  
 Des Moines, IA 50319

For status of completion of license visit: [www.licensediniowa.gov](http://www.licensediniowa.gov)

**APPLICANT INSTRUCTIONS AND CHECKLIST:**

1. **Print in ink or type.** Supporting documents and the licensure fee are required for an application to be considered complete.
2. **School Transcripts or Diplomas.** An official transcript or diploma must be submitted to the Board directly from the school and include a date of graduation and the signature of a school official.
3. **Educational Qualifications**
  - **Cosmetology** - *provide proof* of completion of a 2,100-hour course from an Iowa-approved school.
  - **Electrology** - *provide proof* of completion of a 425-hour course from an Iowa-approved school.
  - **Esthetician** - *provide proof* of completion of a 600-hour course from an Iowa-approved school.
  - **Nail Technician** - *provide proof* of completion of a 325-hour course from an Iowa-approved school. This license authorizes the application of artificial nails.
  - **Instructor** - *provide proof* of:
    - a current Iowa license in the specific practice discipline to be taught *or* be licensed as a cosmetologist who possesses the skill and knowledge required to instruct in that practice discipline; *and* completion of 1,000 hours of instructor’s training from an Iowa-approved school *or* of two years’ active practice in the field of cosmetology within six years prior to this application; *and* completion of a 16-hour advanced instructor’s institute training approved by the Board. Cosmetologists teaching electrology must also have 60 hours of practical application experience, in addition to the required school hours, and these 60 hours must be documented by the employer.
4. **Applicants for licensure by endorsement only.** The board will determine if applicants for licensure by endorsement are required to take a national theory examination upon receipt of the following documents:
  - Notarized copy of a passing score on the national theory examination taken in the licensing state for each practice discipline.
  - Original letter of Verification of Licensure sent to the Iowa Board of Cosmetology Arts and Sciences from every state in which a license was issued.
  - Verification Letters must have a raised state seal and be sent in an envelope with a state-printed return address.
  - Verification Letters must show current licensure status in the practice discipline(s) for which you are seeking licensure in Iowa. Applicants must provide proof of licensure for at least 12 months in the 24-month period preceding this application. Licensure may have been held in more than one state to meet this requirement.
  - If the state where you are licensed provides online verification, include a printout of your information from the online verification system. Online verification must include any disciplinary action taken.

<p><b>Licensure by Examination:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed application submitted to the Iowa Board of Cosmetology Arts and Sciences.</li> <li><input type="checkbox"/> \$60 non-refundable licensure fee for each practice discipline. <b>Make check or money order payable to the Iowa Board of Cosmetology Arts and Sciences.</b></li> <li><input type="checkbox"/> Official transcript or diploma from a board-approved cosmetology school.</li> <li><input type="checkbox"/> Passing score (75%) on the NIC examination for each practice discipline.</li> </ul>	<p><b>Licensure by Endorsement:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed application submitted to the Iowa Board of Cosmetology Arts and Sciences.</li> <li><input type="checkbox"/> \$60 non-refundable licensure fee for each practice discipline. <b>Make check or money order payable to the Iowa Board of Cosmetology Arts and Sciences.</b></li> <li><input type="checkbox"/> Official transcript or diploma from a board-approved cosmetology school.</li> <li><input type="checkbox"/> Passing score on a national licensure theory examination for each practice discipline.</li> <li><input type="checkbox"/> Official verification of licensure from each state or country in which licensure was held. Verification must be sent to the Iowa board office from that state’s licensing board office.</li> <li><input type="checkbox"/> Official verification that the applicant held current licensure in the practice discipline for at least 12 months in the 24-month period preceding application to Iowa.</li> </ul>
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Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to **(515) 281-4416** or [rosemary.bonanno@idph.iowa.gov](mailto:rosemary.bonanno@idph.iowa.gov). Licensure applications are maintained in the board office for two years. An applicant who has **been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. For additional information about Iowa’s laws and rules:** [www.idph.state.ia.us/licensure](http://www.idph.state.ia.us/licensure).