

License #:	Date Issued:	<input type="checkbox"/> \$135
		<input type="checkbox"/> \$147

Application for Barbering

Iowa Department of Public Health/Bureau of Professional Licensure

Type of Application: Check only one: Examination Endorsement Reciprocity

Type of License you are applying for: Practitioner Instructor
 Temporary Permit (new grads only)

PLEASE PRINT

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

<p>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. Have you:</p>		
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

17. General Education: 10th Grade High School GED
(If you are applying for a barber instructor license you must have completed high school or GED.)
18. Do you wish to inform the board of any physical or mental condition, which would require special accommodations for the administration of the practical examination? Yes No If yes, explain: _____

Education:

19. Barber school information:

School Name	City or Town	State	Date of Graduation

Official transcripts must be sent directly from the Barber School to the Iowa Barber Board office

20. Have you passed the NIC theory examination for the license you are seeking?
 Yes No If no, call 1-800-733-9267 to schedule the computerized theory exam.
- To be eligible to take the NIC practical exam, you must have passed the NIC Therapy examination with a score of 70% or higher. The schedule for the practical exam is posted on the board’s website at www.idph.state.ia.us/licensure.
21. Are you or have you ever been licensed in another state or country as a barber? Yes No
 If yes, list the two letter postal codes of the state(s) below and if official verification from the licensing board has been issued. _____ Yes No _____ Yes No _____ Yes N
22. **ENDORSEMENT APPLICANTS ONLY:** To be eligible for license by endorsement you must have held a barber license for at least 12 of the preceding 24 months in any state or country.

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.

23. _____
 Applicant sign here in ink _____
Date

Applications must be complete and signed to be processed. All required supporting documents and fees must be received in the Iowa board office before applications are considered complete.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the 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. The request for hearing shall specifically delineate the facts to be contested at hearing.

Have all documents mailed to the following address:

**Iowa Board of Barbering
 Iowa Department of Public Health
 Bureau of Professional Licensure
 Lucas State Office Building, 5th Floor
 321 East 12th Street
 Des Moines, IA 50319-0075
 515/281-6959 www.idph.state.ia.us/licensure**

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.

APPLICANT'S CHECKLIST SUPPORTING DOCUMENTS AND FEES REQUIRED FOR LICENSURE

Complete applications and all supporting documentation must be received by the board at least 5 business days before the practical examination date. If not received within the proper time, the applicant will be scheduled for the next scheduled examination.

LICENSURE:

- The non-refundable fee is \$135.** Send a check or money order made payable to the Iowa Board of Barbering.
- Non-refundable temporary permit fee of \$12.00** is available to barber students who have graduated from an Iowa Board approved barber school and who are scheduled for the next available exam. **(Not available for applicants applying for licensure by endorsement.)**
- Proof** of high school diploma or satisfactory evidence of completion of a tenth-grade education or equivalent if applying for a practitioner license.
- Official school transcripts** sent directly from the barber school to this board office showing completion of training from an approved barber school.
- If applying for a barber instructor license you must be a high school graduate.

LICENSURE BY ENDORSEMENT: In addition to the above, the following information must be received:

- Official verification of out-of-state license(s):** In addition to the documents listed above, applicants who hold or have held a license in any other state(s) or country(ies) must have verification sent directly from each state or country office to the Iowa board office. Verifications must include the issue date, expiration date, and any pending or past disciplinary actions.