



### C. Licensure Request

15. Select the license you are applying for with this application:

New School License

Change in Ownership

Change of Location, same owner

### D. Name and License Number for every Instructor practicing in the school.

Name	License Number	Address	City/Zip	Social Security No.

### E. Owner Screening Questions

16. Have you ever 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? **Note: You must answer "Yes" to this question even when a conviction or judgment has been deferred or expunged from your record.** Yes  No
17. Have you ever had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you? Yes  No
18. Have you ever been investigated by a licensing, registration, or certification authority or organization? **Note: If the investigation or action was performed by the Iowa Board of Barbering you may answer "No" to this question.** Yes  No
19. Have you ever been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? **Note: If the disciplinary action was taken by the Iowa Board of Barbering you may answer "No" to this question.** Yes  No
20. Have you ever been engaged in illegal or improper use of drugs or other chemical mood altering substances? **Note: If you are currently participating in the Impaired Practitioner Review Committee, you may answer "No" to this question.** Yes  No

**If you answer “Yes” to any of questions #15 through #19, you must do the following:**

- a. Attach a signed letter of explanation to this application providing the details of the incident(s) that caused you to answer “Yes”.
- b. Attach a copy of court ordered evaluations that resulted from your convictions (if any) to this application, along with evidence that the recommendations from the evaluations have been completed.
- c. Attach a copy of all official court documents regarding the conviction or malpractice action to this application, including final disposition of the case or settlement agreement.

**F. Certification**

**I certify** that I have read and met all requirements pursuant to Iowa Administrative Rules Chapters 23 pertaining to school licensure and Chapter 22 pertaining to sanitation regulations in the state of Iowa. These chapters are located at [www.idph.state.ia/licensure](http://www.idph.state.ia/licensure).

**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 during 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 in Iowa law.

**I attest** that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

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.

\_\_\_\_\_  
**Name of Responsible Authority of School (please print)**

\_\_\_\_\_  
**Signature of Responsible Authority of School**

\_\_\_\_\_  
**Date**

\*This information is collected pursuant to Iowa Code chapters 272J, 261 and 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.