

2016 Renewal of a Cosmetology School License

The school shall be in full compliance with 645-Chapter 61 and 645-Chapter 63 to be eligible for renewal.

School License No.	
School Name	
School Address	
Schools City, State, Zip Code	
Owner E-mail address	
Phone 1	
Phone 2	
Owner *SSN/Tax ID	
<p>Privacy Act Notice: Disclosure of your Social Security Number on this renewal application is <u>required</u> 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.</p>	

Step Two - What is the renewal fee and when is it due?

The renewal fee is \$270.00 Check or money order must be payable to the Iowa Board of Cosmetology.

- Application for renewal should be submitted at least 30 days prior to the license expiration date of June 30. The board office strongly suggests the application and fee be postmarked on or before June 1.
- Your renewal **must** include: (1) the completed renewal application (this form), and (2) the renewal fee.

When is the late fee due?

- To avoid the late fee, this completed application **must be** postmarked by the license expiration date of June 30.
- A \$60.00 late fee plus the \$270.00 renewal fee are required on all applications postmarked in the grace period: **“Grace period”** means the 30-day period following expiration of a license when the license is still considered to be active; July 1 through July 30. In order to renew a license during the grace period, a licensee is required to pay the \$60.00 late fee.
- Renewal applications postmarked after the **“Grace period”** will not be processed. The license will automatically be placed on inactive status.

Inactive License

- A school who fails to renew the school license by the end of the **“Grace period”** has an inactive license and shall not provide schooling or services until the license is reactivated.
- Reactivation must be completed and approved to regain active license status: <http://idph.iowa.gov/Licensure/Iowa-Board-of-Cosmetology-Arts-and-Sciences/Licensure/Reactivation>

Processing

- Allow four weeks to process the paper renewal. Once approved, a new wallet card will be sent to you.
- To receive a paper copy of the current Iowa Law and Administrative Rules include an additional \$5.00. To view the current Iowa Law and Administrative Rules online: <http://idph.iowa.gov/Licensure/Iowa-Board-of-Cosmetology-Arts-and-Sciences/Laws-and-Rules>

Step Three - The following five questions **must** be answered by the owner(s) of the school.

If you answer “Yes” to any question 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. **SINCE 07/01/2015 HAS THE OWNER(S):**

Yes	No	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)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you?
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other 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	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.)

Continue on side two

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Step Four - Please Read and Sign That You Understand the Following Rules:

- A school license and the current renewal card shall be posted and visible to the public in the reception area and at eye level. 61.10(2)
- The original license certificate, duplicate certificate, or reissued certificate for each instructor working at the school shall be visibly displayed in the reception area at eye level. 61.10(3)
- A change of location shall require submission of an application for a new school license and payment of the license fee. A change of address without a change of actual location will not be construed as a new site. 61.7(7)
- A school license is not transferable. A change in ownership of a school shall require the issuance of a new license.
- The owner shall notify the board in writing of a change of name within 30 days after the occurrence and, in addition, shall return the current certificate and pay the \$20.00 reissued certificate fee. 61.7(8)(d)

Signature(s) of school owner(s), please print name clearly

Date

Step Five - Certificate/Attestation Statement

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 license may be subject to disciplinary action and criminal prosecution.

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.

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.

Signature(s) of school owner(s), please print name clearly

Date