

STATE BOARD OF COSMETOLOGY

Telephone: 833-367-2762
Fax: 717-705-5540
E-mail: st-cosmetology@pa.gov
Website: www.dos.pa.gov/cosmet

Mailing Address:
State Board of Cosmetology
PO Box 2649
Harrisburg, PA 17105-2649

Physical Address:
State Board of Cosmetology
2525 N 7th Street, Suite 330
Harrisburg, PA 17110

APPRENTICE REGISTRATION APPLICATION

Instructions and Requirements

PLEASE NOTE: this application is active for six months from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

This application is used to determine eligibility for training as an apprentice. The purpose of the apprenticeship permit is to allow an applicant to obtain their cosmetology training within a licensed cosmetology salon, under the direction and supervision of a licensed cosmetology teacher. The apprentice program consists of 2,000 hours of instruction, following the prescribed curriculum requirements defined under §7.132 of the Rules and Regulations of the State Board of Cosmetology. Hours earned within a licensed school of cosmetology CANNOT be combined in any manner with hours earned as an apprentice.

Apprentice permits are issued for a 21-month period. When the apprentice hours have been completed, the apprentice permit is to be returned to the Board office for issuance of a certification of apprentice hours that must be included with the examination application. The apprentice may then submit their examination application and obtain a temporary license to practice until the next available examination.

It is the responsibility of the salon owner to notify the Board office of any changes affecting the approved apprenticeship program. The changes that must be reported to the Board are change of personnel, change of curriculum, change in the ownership of the salon. It is also the responsibility of the salon owner to file quarterly hour reports of the earned apprentice hours.

**ALL DOCUMENTS MUST BE PROVIDED ON 8 1/2" BY 11"
UNSTAPLED, UNBOUND, NUMBERED,
AND ONE-SIDED PAPER.**

Failure to provide the application package as directed will result in delays in its processing.

The apprentice may not begin practice until the approved apprentice permit has been issued and is available in the salon.

THE FOLLOWING DOCUMENTS AND FEES MUST BE INCLUDED

1. FEE

A \$75.00 fee is required, check or money order, payable to "Commonwealth of PA". This fee is for the processing of the application and is non-refundable. This fee is required regardless of issuance of a license.

NOTE: A processing fee of \$20.00 will be assessed for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

2. PROOF OF EDUCATION

Submit proof that the proposed apprentice has completed a minimum of 10th grade education or its equivalent. Proof may be in the form of a copy of the high school diploma* or GED diploma issued by Department of Education, GED certificate indicating the grade equivalency, a letter or statement from the high school with the principal's signature, indicating the highest grade completed, or an official transcript of the high school record with school seal affixed and signed by the appropriate official.

**If a copy of your high school diploma is being submitted, you must also include the telephone number and address of your high school so that issuance of the diploma may be verified.*

3. RESUME OF THE COSMETOLOGY TEACHER

A resume of the cosmetology teacher who will instruct the apprentice must be provided, verifying a minimum of five years of licensed cosmetology experience in Pennsylvania.

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For processing staff use only:
 Application Number:

 Staff initials:

APPRENTICE INFORMATION

Name of apprentice applicant _____
(last) (first) (middle)

| | |
|--|---|
| Social Security Number: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | Date of Birth: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> |
| Telephone Number: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | Email Address: <div style="border: 1px solid black; height: 20px;"></div> |

Home address of applicant:

(street) (city) (state) (zip code)

INSTRUCTOR INFORMATION

Cosmetology Teacher Name: _____
(last) (first) (middle)

| | |
|--|---|
| License Number: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | Date of Birth: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> |
|--|---|

Is the teacher listed above the owner of the salon in which the apprentice is training?

YES NO

SALON INFORMATION

Salon Trade Name (as shown on salon sign): _____

Salon License Number:

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Salon Telephone Number:

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| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Are there currently any approved apprentices working in your salon? **YES** **NO**
If yes, provide their name(s) and permit number(s) below:

In addition to the licensed cosmetology teacher who will instruct the apprentice, there must be two additional individuals licensed by the State Board of Cosmetology employed full time (not less than 25 hours per week) in the salon for each apprentice registered. The teacher and two licensees must be in the salon at all times while the apprentice is training. If any apprentice(s) are already training in the salon, the licensees listed cannot be the same two licensees as listed for any other apprentice. The required licensees may be cosmetologists, cosmetology managers, or cosmetology teachers. Any combination of these three license classes is acceptable. List the names and license numbers of the two additional employees and have them sign in the applicable SIGNATURE section below.

NAME: _____ **LICENSE NUMBER:** _____

NAME: _____ **LICENSE NUMBER:** _____

SIGNATURES

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911.

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.

Signature of Apprentice Applicant

Date

Signature of Cosmetology Teacher

Date

Signature of Salon Owner

Date

I certify that I am a full-time (not less than 25 hours per week) employee in the above named salon in which this apprentice will train:

Signature - Employee

Date

Signature - Employee

Date

SOCIAL SECURITY ACT CERTIFICATION

In order to comply with federal law, the State Board of Cosmetology is obligated to inform each applicant or licensee from who it requests a social security number that disclosing such number is mandatory in order for this 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. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

Signature of Apprentice Applicant

Date

CRIMINAL HISTORY RECORD CHECK

You **MUST** request an official Criminal History Record Check (CHRC) from the state agency for *every state in which you have resided for the past 5 years*. The report(s) must be dated within 6 months of the date of your application for reciprocity. This report can be sent to you and forwarded to the Board with your application. For a Pennsylvania CHRC, this can be done online at <http://epatch.pa.gov>.

LEGAL QUESTIONS

You **must** answer all questions below. Your application will not be processed without answers to these questions.

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 of jurisdiction?

YES NO

If you answered "yes" to the above question, please provide the profession and state or jurisdiction.

Profession: _____ State: _____

2. 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 voluntarily surrender in lieu of discipline?

YES NO

3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

YES NO

4. 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?

YES NO

5. Have you been convicted (found guilty, pled guilty or pled nolo contendere) received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

YES NO

6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

YES NO

If you answered "yes" to any of these questions, provide complete details as well as certified copies of relevant documents.

Signature of Apprentice Applicant

Date