STATE BOARD OF BARBER EXAMINERS

Telephone: 833-367-2762 Fax: 717-705-5540

E-mail: <u>ra-barber@pa.gov</u>
Website: <u>www.dos.pa.gov/barber</u>

Mailing Address:

State Board of Barber Examiners PO Box 2649

Harrisburg, PA 17105-2649

Physical Address:

State Board of Barber Examiners 2525 N 7th Street, Suite 330 Harrisburg, PA 17110

SCHOOL CHANGE APPLICATION

Instructions and Requirements

PLEASE NOTE: this application is active for one year 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 to apply changes to an *existing, licensed* Barber School, including a change in address at the same location, change in square footage, change in name, change in some partners in ownership or a change in curriculum. If you are deleting partners, you must obtain and include a signed authorization from the deleted partner(s). The Board cannot remove any partners from a license without the authority from the involved partner(s). For a complete change of ownership of an existing school, an inspection is required prior to practice with an exception shown under Instruction #2, Inspection.

PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS. AN INCOMPLETE OR INCORRECT APPLICATION, OR AN APPLICATION PRESENTED TO THE BOARD FOR CONSIDERATION OF A VARIANCE, WILL DELAY THE LICENSURE OF YOUR SCHOOL.

YOU MUST KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED WITH YOUR APPLICATION, TO INCLUDE THE SCHOOL LICENSE IF APPLICABLE.

YOU MUST ALLOW AT LEAST FOUR WEEKS FOR PROCESSING.

1. APPROPRIATE LICENSEE REQUIRED:

To be given the authority to practice, a school must be ready to begin operating at the time of inspection. This includes the requirement that the school must have a barber teacher as supervisor who holds an active license. Student-to-teacher ratios must be met. Without an appropriate licensee, authority to practice at the time of inspection cannot be provided and a re-inspection will be necessary to determine compliance.

2. EXISTING SCHOOL CHANGE OF LOCATION OR OWNERSHIP:

If changing location of an existing school, or in the case of a complete change of ownership of the school, **STOP!** You must complete the application for Initial Barber School Licensure via the PALS website (http://www.pals.pa.gov).

3. **DELETING PARTNERS:**

If any partners are being deleted, a statement from the deleted partner(s) must accompany your application. If you are unable to obtain the signature of the deleted partner(s), you must apply for an initial (new) school license (see item two above). Be sure to return the existing current school license with a statement indicating that you are unable to obtain the required deleted partner(s) signature. If applying for initial (new) school licensure, the school cannot be open/operating prior to inspection.

4. CORPORATE APPLICANTS:

If applicant is a corporation, include a copy of the certificate of incorporation from the Pennsylvania Corporation Bureau. Be sure that the corporation is authorized to conduct business within Pennsylvania. To register the corporation, contact the Pennsylvania Corporation Bureau by phone at 717-787-1057 or online at http://www.dos.pa.gov/corps. A corporation is treated as an individual, by law, and may be used for ownership of a school.

5. SCHOOL ADDRESS CHANGE ONLY, SAME PHYSICAL LOCATION:

Licenses must be issued to the school's physical address. If the Post Office or the county 911 agency changes the school's designated address, but the physical location remains the same, the address change must be noted on the licensing database. There will be a fee to print the duplicate license with the revised address.

6. SCHOOL MANAGEMENT:

- A. The school shall, at all times, be under the immediate supervision of a licensed barber teacher.
- B. Each school shall employ as instructors only licensed barber-teachers competent to impart instructions in all branches of barber science which they teach.
- C. An individual may not be counted as a regular part-time or substitute teacher in a school unless the individual's barber-teacher's license is on display in the school.
- D. Every school shall employ at least one full-time licensed barber- teacher.
- E. Each class taught for credit shall consist of not more than 20 students per licensed barber-teacher, and at least one full-time teacher who shall be in attendance during the hours the school is open for instruction. The only exception to this requirement which the Board may permit is lecturing by a staff physician or another specialist when at least one teacher is present.
- F. Teachers as well as students shall be attired during school hours in washable jackets, smocks or aprons, which shall be kept in a clean condition.

7. SCHOOL CURRICULUM REQUIREMENT:

The Board's Regulation <u>SCHOOL CURRICULUM REQUIREMENT</u> at 49 PA Code §3.90 sets forth the breakdown of hours by subject for the barber curriculum. These shall comprise 1250 hours for the barber curriculum, 695 hours for the Crossover Curriculum for a Licensed Cosmetologist. All schools must offer a 1250 barber curriculum.

If your school changes include changes to curriculum, be sure to include the appropriate changes of these documents. If a previously submitted document is not changing, there is no need to resubmit.

SCHOOL GENERATED INFORMATION AND PUBLICATIONS

- A. School sketch (provide complete dimensions and equipment placement)
- B. Certificate of Occupancy
- C. Zoning Approval
- D. Proof of Corporate Name Registration
- E. Curriculum for each course offered (Refer to § 3.71 of the Barber Regulations)
- F. Course outline for each course offered (Refer to the Board publication entitled, "Guidelines for Preparation of Curriculum and Course Outline, available on the board's website)
- G. School Bond meeting the requirements at 49 Pa. Code at § 3.83.

8. SCHOOL RATIO REQUIREMENTS:

For the purposes of classroom instruction, according to § 3.88(b)(4) in no case shall there be less than one teacher to each twenty pupils.

NUMBER OF TEACHERS IN CLASSROOM: 1 2 3 4 5 6 NUMBER OF STUDENTS IN CLASSROOM: 20 40 60 80 100 120

9. SCHOOL PHYSICAL REQUIREMENTS:

§3.84 Clinic rooms shall be a minimum length of at least 10 feet for the first chair and 5 additional feet center point between each additional chair with a minimum width of 12 feet for one row of chairs. Where two rows of chairs are opposite of each other, the room shall be a minimum of 20 feet wide.

10. SCHOOL EQUIPMENT REQUIREMENTS:

Every barber school shall have the following equipment for each school:

§3.85 (a) School Equipment	§3.85 (b) Every barber student shall have the following equipment:
 -1 blackboard, at least 4 feet by 8 feet -1 dermal lamp or therapeutic lamp -1 hair dryer for each ten students -1 high frequency electric current equipment -1 microscope -1 twin vibrator -1 medical dictionary -A set of charts on skin, bones, muscles, nerves and the circulatory system 24 inches by 30 inches or equivalent -A set of library books on anatomy, physiology and hygiene. - Sufficient chairs, coat and hat racks to accommodate patrons -1 electric lather mixer for every ten students -1 washbowl for every two chairs 	- 1 standard barber chair with a modern work stand - 1 large mirror 36 inches by 36 inches - 1 dry sterilizing cabinet for all instruments - 1 wet sterilizer, properly functioning - 1 covered hamper for soiled towels - 1 covered waste container - 1 dust proof cabinet for linens - 1 electric hair clipper - 1 three shears (one thinning) - 2 razors, at least one of which is no disposable - 4 combs - 1 set of strops - 1 hone - 1 standard textbook on barbering. Sets of question and answer books are not considered textbooks 1 one hand-held hairdryer

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1. DEMOGRAPHIC INFORMATION

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For processing staff use only: Application Number: Staff initials:

(Name must match license):	
ADDRESS	STREET:
	CITY:
	STATE: ZIP CODE:
LICENSE	
TELEPHONE	
EMAIL	
	I indicate that I prefer to receive notification regarding the school application processing via email
rather than US mail.	I indicate that I prefer to receive notification regarding the school application processing via email I will check my email account on a regular basis and I will accept email from RA-BARBER@.pa.gov . ddress to the board will facilitate communications between board and school personnel.
rather than US mail. Providing an email ac 2. TYPE OF C you must sele	I will check my email account on a regular basis and I will accept email from RA-BARBER@.pa.gov. ddress to the board will facilitate communications between board and school personnel. HANGE (NO FEE UNLESS OTHERWISE NOTED BELOW) NOTE: ect one option below.
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3. EFFECTIVE DATE (
Please indicate the date the indicated school DATE:	ol change became or will	become effective:			
5/112.					
4. CHANGE IN OWNER		D OR DELET	PARTNER	S (return	the
Print the names of ALL owners (licensed or incorporation and provide a list all corporate				he certificate of	
OWNERS/OFFICERS NAME			OWNER DISPOSITION		
			Delete □	Add 🗆	
			Delete 🗆	Add 🗆	
			Delete 🗆	Add 🗆	
			Delete □	Add 🗆	
NEW NAME 6. CHANGE of SQUARE FOOTAGE		LICENSE NUMBER AT THE SAME LOCATION			
(Inspection required) You must submit a detailed the floor space.	ed, written explan	ation of the chang	es your school	is making t	0
ORIGINAL TOTAL SQUARE FOOTAGE FOR ENTIRE SCHOOL		NEW TOTAL SQUARE FOOTAGE FOR ENTIRE SCHOOL			
ORIGINAL SQUARE FOOTAGE FOR CLASSROOM TO BE CHANGED		ADDITIONAL SQUARE FOOTAGE TO BE ADDED			
7. CHANGE OF ADDRESS	SAME LOCATION	ON <i>(911 or US Pos</i>	st Office Addre	ss Change)	
NEW SCHOOL ADDRESS (If changing address, be sure to	STREET:				
provide your new address here. The ZIP code must remain the	CITY:				
Same as previously submitted).	STATE:	ZIP CODE:			

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enrollment after indicated changes:	PER DAY:
9. CHANGE of SCHOOL SUPE	RVISOR – BARBER TEACHER
(School supervisor MUST be a li	
OLD SUPERVISING TEACHER	LICENSE NUMBER
NEW SUPERVISING TEACHER	LICENSE NUMBER
Signature of new designee:	'
10. CHANGE of SCHOOL ADMI	INISTRATOR
10. CHANGE of SCHOOL ADMI	INISTRATOR TITLE
Old Supervisor/Administrator	TITLE
Old Supervisor/Administrator	TITLE
Old Supervisor/Administrator New Supervisor/Administrator	TITLE
Old Supervisor/Administrator New Supervisor/Administrator 11. CHANGE of SCHOOL CURE Documents.) Barber Curriculum must	TITLE
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Old Supervisor/Administrator New Supervisor/Administrator 11. CHANGE of SCHOOL CURE Documents.) Barber Curriculum must	TITLE TITLE RICULUM (Submit Relevant School Generated to be taught in all schools. Check the relevant box
New Supervisor/Administrator 11. CHANGE of SCHOOL CURP Documents.) Barber Curriculum must below.	TITLE TITLE RICULUM (Submit Relevant School Generated to be taught in all schools. Check the relevant box Increase hours Decrease hours

APPLICATION WILL NOT BE PROCESSED
UNLESS OWNER'S OATH (SECTION 12, NEXT PAGE)
IS COMPLETED.

12. OWNER'S OATH

All owners must sign below. If applicant is a corporation, all officers must sign.

By signing below, I verify that this form 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 pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

I further understand that if a bureau inspector determines that I have not correctly answered any questions provided within this application or if my school does not meet all requirements for licensure, authority to operate will not be given at the time of inspection and I will be responsible for all applicable re-inspection fees.

TRADE NAME OF SCHOOL:	
Owner/Officer Signature:	Date: