

## **INSTRUCTIONS FOR LICENSED COSMETOLOGY SCHOOLS MAKING APPLICATION FOR APPROVAL TO TEACH ESTHETICS**

Existing schools seeking approval to provide esthetics instruction shall provide 200 square feet of space to accommodate 5 work stations. If attendance exceeds 10 on the clinic floor at any time, an additional 40 square feet is required for each additional work station. The use of this space shall not reduce the square footage for the conduct of the existing licensed school below the minimum requirements.

1. Complete Parts I, II and V of the Application in their entirety.
2. Submit a certified financial statement prepared by a public accountant licensed by the Department under the Illinois Public Accounting Act who is not an employee of the school, indicating sufficient current finances exist to operate the school for at least 3 months.
3. Submit a detailed floor plan of the proposed reallocation of space. The floor plan must be drawn to a scale specified on the drawing and must specify the areas which will be utilized for esthetics. The floor plan must also indicate the entire area occupied by the school, and must also specify the use of each area.
4. Submit a signed copy of a fire inspection report giving approval for use of the site as a school. Inspection must have occurred within 6 months of application.
5. Submit a copy of the student contract to be used by the school for the esthetics course(s).
6. Submit a copy of the curriculum which will be followed by the school for the esthetics course(s).
7. Submit a copy of the school's official transcript which will be used for the esthetics curriculum(ae).
8. The enclosed Application Commitments must also be completed and submitted.
9. Forward application, supporting documents and \$50.00 fee to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

The Department will schedule an inspection of the school premises after the application, fee and all supporting documents have been properly completed and filed. **THE SCHOOL MAY NOT SOLICIT STUDENT ENROLLMENT OR BEGIN INSTRUCTION IN ESTHETICS UNTIL THE SCHOOL HAS RECEIVED WRITTEN NOTICE OF APPROVAL FROM THE DEPARTMENT.**

**IF ASSISTANCE IS NEEDED, DIRECT YOUR REQUEST TO 1-800-560-6420.**

# LICENSED COSMETOLOGY SCHOOL APPLICATION FOR APPROVAL TO TEACH ESTHETICS

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are included in the Application Package.

1. SCHOOL APPLICATION.
2. SUPPORTING DOCUMENTS (Purpose and type described in the Instruction Sheet.)
3. INSTRUCTION SHEET.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- a. Type or print legibly with black ink only.
- b. Application fee is not refundable.
- c. Complete the full name and address of the Licensed School. Post Office Box numbers are not acceptable.

## PART I: Application Category Information

1. PROFESSION NAME <input type="checkbox"/> Cosmetology School/Private 013 <input type="checkbox"/> Cosmetology School/Public 015	2. LICENSE NUMBER OF SCHOOL TO BE UPGRADED	3. TYPE OF APPLICATION <p style="text-align: center;"><b>Upgrade to Teach Esthetics</b></p>	4. FEE <p style="text-align: center;"><b>\$50.00</b></p>
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## PART II: Applicant Identifying Information

1. NAME OF SCHOOL (As it is to appear on license.)	2. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SSN OR ITIN OF PROPRIETOR
3. ADDRESS OF SCHOOL (Street Address, City, State, ZIP Code - P.O. Boxes are not acceptable)	4. SCHOOL TELEPHONE NUMBER (Include Area Code)
	5. E-MAIL ADDRESS (REQUIRED)
6. COUNTY	7. DATE SCHOOL PREMISES WILL BE READY FOR INSPECTION ____ / ____ / ____ <small>Month Day Year</small>
8. NAME OF CHIEF MANAGING EMPLOYEE	9. TELEPHONE NUMBER OF CHIEF MANAGING EMPLOYEE (Include Area Code)
10. HOME ADDRESS OF CHIEF MANAGING EMPLOYEE (Street Address, City, State, ZIP Code)	11. THE SCHOOL PREMISES ARE: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
	12. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Owned School
13. THIS SCHOOL WILL BE OFFERING THE FOLLOWING COURSES:  <input type="checkbox"/> Basic Esthetics <input type="checkbox"/> Esthetics Teacher	14. MAXIMUM NUMBER OF STUDENTS WHO WILL BE ENROLLED IN THE SCHOOL AT ANY ONE TIME:  _____
15. WILL SCHOOL RECORDS BE MAINTAINED ON SCHOOL PREMISES? <i>If "NO," indicate exact location where school records will be maintained.</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	



18. PREVIOUS OWNERSHIP - Indicate names, addresses and current status of all schools in which any owner, partner, stockholder or director owns or has previously owned any interest.

NAME OF SCHOOL	ADDRESS (Include Street Address, City, State, ZIP Code)	STATE OF LICENSURE	STATUS

Have any of these schools ever been denied accreditation or licensing, or lost accreditation or licensing from any governmental body or accrediting agency?  Yes  No *If Yes, attach a detailed explanation.*

**PART III: To Be Completed for Change of Ownership**

1. NAME OF SCHOOL BEING PURCHASED	2. SCHOOL LICENSE NUMBER
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3. LIST NAMES AND ADDRESSES OF OWNERS, PARTNERS, STOCKHOLDERS OR DIRECTORS OF SCHOOL NAMED IN NUMBER 1 ABOVE.

NAME	ADDRESS (Include Street Address, City, State, ZIP Code)	TITLE

4. WILL NEW OWNERS ASSUME RESPONSIBILITY FOR MAINTENANCE OF RECORDS OF STUDENTS WHO ATTEND THIS SCHOOL UNDER PREVIOUS OWNERSHIP?  YES  NO

*If "NO," provide the name and telephone number of contact person in charge of records, dates of records, and exact location where records will be maintained.*

Name of School:

FEIN OR SS# OR ITIN:

Profession Name:

ESTHETICS

**PART IV: To Be Completed for Change of Location**

1. SCHOOL'S CURRENT ADDRESS (Include Street Address, City, State, ZIP Code)

2. SCHOOL'S CURRENT LICENSE NUMBER

Name of School:

**PART V: Certifying Statement (Note: This application MUST be signed by the school's chief managing employee and also by each individual owner or owners if a partnership, or officer and directors of the corporation.)**

Under penalties of perjury, I (we) declare that I (we) have examined the application and all supporting documentation submitted in connection therewith, and to the best of my (our) knowledge, they are true, correct and complete.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

FEIN OR SS# OR ITIN:

Profession Name:

ESTHETICS

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

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## APPLICATION COMMITMENTS

## SCH-AC

NAME OF SCHOOL (as it is to appear on license)

ADDRESS OF SCHOOL

I (We), being the owners of \_\_\_\_\_  
(Name of School for which application is being made)

do agree to abide by the following commitments during the term of my (our) ownership and operation of the applicant school:

1. To conduct the school in accordance with the Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act and the standards, rules and regulations from time to time established and promulgated thereunder, and to meet the standards and requirements at least as stringent as those required by Part H of the Federal Higher Education Act of 1965;
2. To permit the Department of Financial and Professional Regulation to inspect the school or classes thereof from time to time with or without notice; and to make available to the Department, at any time when required to do so, information including financial information pertaining to the activities of the school required for the administration of the Act and the standards, rules and regulations established and promulgated thereunder;
3. To utilize only advertising and solicitation which is free from misrepresentation, deception, fraud, or other misleading or unfair trade practices;
4. To screen applicants to the school prior to enrollment pursuant to the requirements of the school's regional or national accrediting agency, if any, and to maintain any and all records of such screening. If the course of instruction is offered in a language other than English, the screening shall also be performed in that language.
5. To post in a conspicuous place the statement, as developed by the Department, of student's rights provided under this Act;
6. To provide each student with a signed monthly report showing the actual number of hours earned by the student.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## STUDENT'S RIGHTS

As a STUDENT enrolled in an approved school in the State of Illinois, you have the following RIGHTS:

1. You have the RIGHT to a completed enrollment agreement before you sign it. This means there should be NO blank spaces on the agreement.
2. If the enrollment agreement is negotiated orally in a language other than English, you have a RIGHT to receive a copy of all disclosures written in the language in which the agreement was negotiated prior to signing the enrollment agreement.
3. You have the RIGHT to receive an exact copy of the enrollment agreement which you sign.
4. You have the RIGHT to know the scheduled starting and calculated completion date of your course of study.
5. You have the RIGHT to know the total cost of the course of instruction including any charge made by the school for tuition, books, materials, supplies, and other expenses.
6. You have the RIGHT to cancel your initial enrollment agreement up to midnight of the fifth business day after you have been enrolled.
7. Should you use your RIGHT to cancel your initial enrollment agreement, cancellation MUST be in writing and given to the registered agent, if any, or managing employee of the school.
8. You have the RIGHT to know the number of students who did not complete the course of instruction for which they enrolled for the past calendar year as compared to the number of students who enrolled in the school during the school's past calendar year.
9. You have the RIGHT to keep all hours earned during your course of study. Once hours are earned they cannot be taken away.
10. You have the RIGHT to receive an official transcript upon your graduation or other permanent exit from the school provided you have met all financial obligations set forth in your enrollment agreement.
11. You have a RIGHT to a refund for certain unearned tuition, fees, and other charges. The refund policy is contained in the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985.
12. You have the RIGHT to register complaints against the school with the Department of Financial and Professional Regulation. Direct your written complaints to either COMPLAINT INTAKE UNIT, Department of Financial and Professional Regulation, Division of Professional Regulation, 555 West Monroe Street, Suite 500, Chicago, Illinois 60661. You may also submit a complaint on the Department's Website at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov), or call the COMPLAINT INTAKE UNIT at (312)814-6910.
13. You may view the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985 and the Rules for the Administration of the Act by visiting <http://idfpr.illinois.gov/profs/cosmo.html>.