

INSTRUCTION SHEET

HAIR BRAIDING SCHOOL - NEW

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the steps below in the order that they are listed, then follow the directions for the specific type of application you are submitting. This will aid you in accurately completing your application and thus, eliminate any delay in processing.

Step 1. Contents of Application Package:

- a. Instructions
- b. Application for Esthetics School
- c. Student's Rights
- d. Application Commitments (Form SCH-AC)

Step 2. Profession name, profession code, type of application and fees.

| PROFESSION NAME | PROFESSION CODE | TYPE OF APPLICATION | FEES |
|------------------------------|-----------------|---------------------|-----------|
| Hair Braiding School/Private | 260 | New School | \$ 500.00 |
| Hair Braiding School/Private | 260 | Change of Ownership | \$ 200.00 |
| Hair Braiding School/Private | 260 | Change of Location | \$ 200.00 |
| Hair Braiding School/Private | 260 | On-Site Expansion | \$ 50.00 |
| Hair Braiding School/Private | 260 | Off-Site Expansion | \$ 50.00 |

| PROFESSION NAME | PROFESSION CODE | TYPE OF APPLICATION | FEES |
|-----------------------------|-----------------|---------------------|-----------|
| Hair Braiding School/Public | 260 | New School | \$ 500.00 |
| Hair Braiding School/Public | 260 | Change of Ownership | \$ 200.00 |
| Hair Braiding School/Public | 260 | Change of Location | \$ 200.00 |
| Hair Braiding School/Public | 260 | On-Site Expansion | \$ 50.00 |
| Hair Braiding School/Public | 260 | Off-Site Expansion | \$ 50.00 |

Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation or IDFPR. **ALL FEES ARE NONREFUNDABLE.**

Step 3. Mail application, supporting documents and fee payment to: Illinois Department of Financial and Professional Regulation or IDFPR, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

Step 4. If assistance is needed, direct your request to 1(800) 560-6420 or TTY 1(866) 325-4949.

Please refer to link www.idfpr.illinois.gov/profs/HairB.asp for the most current version of the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985 and Administrative Rules. These requirements must be met for application to be completed.

INSTRUCTIONS FOR MAKING APPLICATION FOR A

NEW PRIVATE HAIR BRAIDING SCHOOL

Please submit the following items:

1. Complete the **application** for a Hair Braiding School.
2. Submit a certified **financial statement** indicating sufficient current finances exist to operate the school for at least 3 months. The Division will not accept a bank statement as sufficient proof to meet this requirement. The financial statement shall include reporting cash assets on hand and any liabilities and shall be prepared by either a certified public accountant or a person knowledgeable about the finances of the school. Any financial statement submitted by a person who is not a certified public accountant must contain a signed statement certifying under penalty of perjury that the information is true and accurate based upon inspection of the financial records of the school.
3. If school site is leased, submit a copy of an executed **lease agreement** which verifies at least a one-year commitment to the use of the school site. The address of the school and the name of the lessor and lessee must be in the lease agreement. If the school site is owned, submit a copy of legal document verifying ownership.
4. If school is owned by a partnership, submit a copy of the **partnership agreement** which identifies all partners and the partner who will be serving as the authorized agent of the school.
5. If school is owned by a corporation or LLC, submit a copy of the **Articles of Incorporation or Articles of Organization** which have been filed with the Illinois Secretary of State.

If school is owned by a foreign corporation (those incorporated outside of Illinois), submit a copy of the filed **Articles of Incorporation** *and* a copy of the filed **Certificate of Authority to conduct business in Illinois** as issued by the Illinois Secretary of State.
6. For sole proprietorships or partnerships submit a copy of the filed **Assumed Name** certificate from the county clerk's office. For corporations or LLC's using an Assumed Name submit a copy of the **Assumed Name** which has been filed with the Illinois Secretary of State.
7. List the names, addresses and current status of all schools in which you have previously owned any interest, and a declaration as to whether any of these schools were ever denied accreditation or licensing or lost accreditation or licensing from any governmental body or accrediting agency.
8. An **Application Commitments** statement (form SCH-AC) must be signed and dated by the school's chief managing employee *and* a statement must also be signed and dated by EACH owner, partner or officer of the corporation or LLC.
9. Submit an 8 ½ by 11" **floor plan** of the proposed school in accordance with Section 1175.1510 of the Rules. The floor plan must be drawn to a scale specified on the floor plan, showing every detail of the proposed school, including dimensions and fixtures. All areas must be labeled. Clinic areas must meet the minimum 650 square feet requirement for a maximum of 10 students and an additional 40 square feet for each additional work station.
10. Submit an official **fire inspection** from the local fire inspection authority giving approval for use of the site as a school. Inspection *must* have occurred within 6 months of application.

11. Submit a copy of the **enrollment agreement** to be used by the school in accordance with 225 IL 410/3B-12 and 3B-13 of the Act, Sections 1175.1515 and 1175.1570 of the Rules and The Student's Rights.
12. Submit an **outline** of the **curriculum(s)** showing that it meets the requirements of Sections 1175.1535 and/or 1175.1540. If you want to offer the teacher program you must be approved for both the 500-hour and 1000-hour programs. All schools are approved to offer the Refresher Courses once license is issued but the curriculum requirements of the Rules must be met.
13. A copy of the final examination to be used by the school, which shall be consistent with the requirements of Section 1175.1545 of the Rules.
14. Submit a copy of the school's official **transcript** in accordance with Section 1175.1525 of the Rules. An official transcript must be submitted for each course of instruction offered, including the Refresher Course(s). A sample of the **school seal** will also need to be submitted.
15. Mail application, supporting documents and appropriate fee (see Page 1, Step 2) to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

The Division will schedule an **inspection** of the school premises after the application, fee and all supporting documents have been properly completed. SCHOOL OPERATIONS SHALL NOT COMMENCE NOR SHALL THE SCHOOL IN ANY WAY SOLICIT STUDENT ENROLLMENT UNTIL THE SCHOOL LICENSE HAS BEEN ISSUED.

INSTRUCTIONS FOR MAKING APPLICATION FOR A NEW PUBLIC HAIR BRAIDING SCHOOL

Please submit the following items:

Please submit items 1, 7, 8, 9, 10, 12 and 14 for a new school and documentation that you are a public high school, community college, public university, or any other institution operated by a governmental body or agency that conducts a cosmetology, barbering, esthetics, hair braiding or nail technology program.

INSTRUCTIONS FOR MAKING APPLICATION FOR A CHANGE OF OWNERSHIP OF A HAIR BRAIDING SCHOOL

Please submit items 1-14 listed for a new school *and*:

1. A **bill of sale** signed by both the current and new owner(s) or an **affidavit** from current owner(s) received WITHIN 5 WORKING DAYS FROM THE DATE TITLE TO THE SCHOOL IS TRANSFERRED, the new owner must mail to the Division an affidavit stating that the contract setting forth the conditions of the sale of the school is contingent on a license being issued to the new owner. If this is not provided, the school must close on the date of the transfer and remain closed until a new license is issued. If this is submitted the new owner can continue to operate the school until their new license is issued.
2. A **statement on where the transcripts** from the current school will be maintained.

**INSTRUCTIONS FOR MAKING
APPLICATION FOR A CHANGE OF LOCATION
OF A LICENSED HAIR BRAIDING SCHOOL**

Please submit items 1, 3, 8, 9 and 10 listed for a new school.

**INSTRUCTIONS FOR MAKING
APPLICATION FOR AN ON-SITE EXPANSION
OF A LICENSED HAIR BRAIDING SCHOOL**

Please submit items 1, 8, 9 listed for a new school *and*:

1. Submit a statement from the school owner outlining the **purpose of the expansion**.
2. Submit a listing of any and all additional teachers who will be added to the teaching staff as a result of the expansion.

**INSTRUCTIONS FOR MAKING
APPLICATION FOR AN OFF-SITE EXPANSION
OF A LICENSED HAIR BRAIDING SCHOOL**

An off-site expansion is defined as a separate classroom (not for use as a clinic), not continuously joined, located within 5 miles of the main school site that serves to provide adequate space in which to train an overflow of students.

Please submit items 1, 2, 3, 8, 9 and 10 listed for a new school *and*:

1. Submit a statement from the school owner outlining the **purpose of the expansion**.
2. Submit a listing of any and all additional teachers who will be added to the teaching staff as a result of the expansion.

HAIR BRAIDING SCHOOL APPLICATION

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 for Registration as a Cosmetology School.

1. INSTRUCTIONS.
2. 4 page HAIR BRAIDING SCHOOL APPLICATION.
3. SUPPORTING DOCUMENTS (purpose and type described in the Instruction Sheet).

Carefully follow all steps outlined in the INSTRUCTIONS. 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 Esthetics School. Post Office Box numbers are not acceptable.

PART I: Application Category Information

| | | | | | | | | | | | |
|--|---|-------------------------------------|-----------------|--|-----------------|---|-----------------|--|-----------------|---|-----------------|
| <p>1. PROFESSION NAME/PROFESSION CODE</p> <p><input type="checkbox"/> Hair Braiding School/Private 260</p> <p><input type="checkbox"/> Hair Braiding School/Public 260</p> | <p>2. TYPE OF APPLICATION AND FEE</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> New School</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td><input type="checkbox"/> Change of Ownership</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td><input type="checkbox"/> Change of Location</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td><input type="checkbox"/> On-Site Expansion</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td><input type="checkbox"/> Off-Site Expansion</td> <td style="text-align: right;">\$ 50.00</td> </tr> </table> | <input type="checkbox"/> New School | \$500.00 | <input type="checkbox"/> Change of Ownership | \$200.00 | <input type="checkbox"/> Change of Location | \$200.00 | <input type="checkbox"/> On-Site Expansion | \$ 50.00 | <input type="checkbox"/> Off-Site Expansion | \$ 50.00 |
| <input type="checkbox"/> New School | \$500.00 | | | | | | | | | | |
| <input type="checkbox"/> Change of Ownership | \$200.00 | | | | | | | | | | |
| <input type="checkbox"/> Change of Location | \$200.00 | | | | | | | | | | |
| <input type="checkbox"/> On-Site Expansion | \$ 50.00 | | | | | | | | | | |
| <input type="checkbox"/> Off-Site Expansion | \$ 50.00 | | | | | | | | | | |
| <p>3. HAIR BRAIDING SCHOOL LICENSE NUMBER - ENTER "N/A" IF APPLICATION IS FOR NEW SCHOOL</p> <p>260 _____</p> | | | | | | | | | | | |

PART II: Applicant Identifying Information

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|---|--|
| <p>1. NAME OF SCHOOL (as it is to appear on license per assumed name)</p> | |
| <p>2. ADDRESS OF SCHOOL (Street Address, City, State, ZIP Code - P.O. Boxes are not acceptable)</p> | <p>3. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SSN OR ITIN OF PROPRIETOR</p> |
| | <p>4. SCHOOL TELEPHONE NUMBER (include Area Code)</p> |
| <p>5. E-MAIL ADDRESS OF SCHOOL</p> | |
| <p>6. NAME OF CHIEF MANAGING EMPLOYEE</p> | <p>7. TELEPHONE NUMBER OF CHIEF MANAGING EMPLOYEE (include Area Code)</p> |
| <p>8. THE SCHOOL PREMISES ARE:</p> <p><input type="checkbox"/> Owned <input type="checkbox"/> Leased</p> | <p>10. NAME OF SCHOOL OWNER (per box 9)</p> |
| <p>9. TYPE OF OWNERSHIP</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> LLC <input type="checkbox"/> Partnership</p> | |
| <p>11. THIS SCHOOL WILL BE OFFERING THE FOLLOWING COURSES:</p> <p><input type="checkbox"/> Hair Braider</p> <p><input type="checkbox"/> Hair Braiding Teacher</p> | <p>12. MAXIMUM NUMBER OF STUDENTS WHO WILL BE ENROLLED IN THE SCHOOL AT ANY ONE TIME:</p> <p style="text-align: center;">_____</p> |
| <p>13. WILL SCHOOL RECORDS BE MAINTAINED ON SCHOOL PREMISES? <i>If "NO," indicate Illinois address where school records will be maintained.</i></p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |

16. 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 |
|----------------|--|--------------------|--------|
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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 AND ADDRESS OF SCHOOL BEING PURCHASED | 2. SCHOOL LICENSE NUMBER |
|---|--------------------------|

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 |
|------|--|-------|
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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.

PART IV: To Be Completed for Change of Location

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

2. SCHOOL'S CURRENT LICENSE NUMBER

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 each officer and director if a corporation or LLC.)

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 |

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.

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.

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, 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>.