

# INSTRUCTION SHEET

## HAIR BRAIDING TEACHER Initial License by Non-Examination

**DO NOT USE THIS APPLICATION IF YOU ARE APPLYING TO RECEIVE A LICENSE UNDER THE GRANDFATHER PROVISION.**

To apply for licensure as a licensed hair braiding teacher on the basis of non-examination, follow all steps as they are indicated below. Please complete the application in its entirety to avoid any unnecessary delays in the processing of your application.

If you are issued a license, please be advised that your license must be renewed before October 31st of each even-numbered year.

Note: A licensee who obtained a hair braiding teacher license by Non-Examination is exempt from the continuing education (CE) requirements for the first license renewal. 10 hours of CE are required for each subsequent license renewal.

**THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM THE DATE OF RECEIPT.**

<b>Step 1</b>	<b>Application</b>	<p>Complete all information requested on the <b>Application for Licensure</b>. All questions must be answered and your signature must be affixed.</p> <p>Use the <b>REFERENCE SHEET (CHART I)</b> to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in <b>PART I</b> (page one) of the <b>Application for Licensure</b>.</p> <p>Proceed and complete all applicable information requested on all 4 pages of the <b>Application for Licensure</b>. Note N/A if the information is not applicable.</p>
	<b>Social Security Number</b>	<p>Disclosure of your U.S. Social Security Number is mandatory.</p>
	<b>Personal History Information</b>	<p>On Part VI, Personal History Information on the four-page application, you must answer "yes" or "no". If any of your responses to numbers 1 through 6 are "yes," submit all required information as indicated on the application.</p> <p>If you have been convicted of a criminal offense, you must submit a signed and dated statement reporting every criminal conviction entered against you in any state or federal court. You must indicate each charge, sentence and whether you have successfully completed the sentence imposed.</p> <p>You must contact the court where the conviction is entered and request a certified record that includes all information on file for each conviction. The court record must contain an official signature and seal designating the keeper of the records.</p>

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov)

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If you are currently serving probation or parole as a condition of your sentence, you must contact the appropriate probation office or parole office to obtain an official statement. The officer must submit a signed and dated statement  
If you are currently serving probation or parole as a condition of your sentence, you must contact the appropriate probation office or parole office to obtain an official statement. The officer must submit a signed and dated statement.

**Step 2 - Supporting Documents**

**Transcript**

Submit an official transcript from a licensed hair braiding school or a licensed cosmetology school that is approved to teach hair braiding showing graduation from a program with 600 clock hours of hair braiding teacher instruction or 500 clock hours of hair braiding teacher instruction with 2 years of practical experience as a hair braider. The program must comply with Section 1175.1540 of the Hair Braiding Rules.

**Proof of Name Change**

If the name on your application is different than your name shown on any supporting document, you must submit proof of legal name change (i.e. copy of marriage license, divorce decree, affidavit).

**Step 3 - Fee**

Fee payment amount is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

**Step 4 - Mail Application**

Mail the four-page application, supporting documentation and fee payment to:  
  
Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

**Step 5 - Assistance**

If assistance is needed, please direct your request to:

Dept. of Financial and Professional Regulation: 1-800-560-6420  
TTY: 1-866-325-4949

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 6 weeks from the date that you mailed the application before calling to check on the status of your application.

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, maintains a web site at **[www.idfpr.illinois.gov](http://www.idfpr.illinois.gov)**. You may accomplish a number of tasks via the web site including: License Look-up; download and print professional licensure acts and rules and application materials; disciplines imposed by the Department; etc.

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

# REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

## CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Hair Braiding Teacher	259	Non-Examamination	\$30.00
Licensed Hair Braiding Teacher	259	Restoration	See Supporting Document RS

## CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR LICENSED HAIR BRAIDING TEACHERS  
ENTER N/A IN PART VII a) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

## CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR LICENSED HAIR BRAIDING TEACHERS  
ENTER N/A IN PART VII b) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

## CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED HAIR BRAIDING TEACHERS  
ENTER N/A IN PART VII c) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

## \* \* \* \* \* REQUEST FOR ASSISTANCE \* \* \* \* \*

If assistance is needed, direct your request to one the following telephone numbers:

**217/782-8556**

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Hair Braiding Teachers

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Official transcript from a licensed school with school seal and signature	
Proof of name change (if applicable)	
<b>RS</b> Form ( <b>Note:</b> if restoring)	
Copy of DD214 if restoring from active military service	

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**

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for double-sided printing.**

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the 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 required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

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

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application.  Military  Military Spouse  Not Military  Decline to Answer  
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.   | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST      FIRST      MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
4. PERMANENT MAILING ADDRESS STREET      CITY      STATE/COUNTRY		ZIP CODE      COUNTY ____ - ____ - ____
5. BUSINESS ADDRESS STREET      CITY      STATE/COUNTRY		ZIP CODE      COUNTY ____ - ____ - ____
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY      STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month      Day      Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ -- _____      Home: (____) _____ - _____ (Area Code)      (Area Code) Fax: (____) _____ - _____      Fax: (____) _____ -- _____ (Area Code)      (Area Code)		12. <b>REQUIRED</b> E-MAIL ADDRESS

NAME (Last, First, MI):

SS#:

Profession:

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12     Graduated     Received  
 High School?     Yes    No     OR G.E.D.?     Yes    No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____/____/____ Month                      Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8                      Graduated?     Yes    No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



**NAME (Last, First, MI):**

**SS#:**

**Profession:**

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART VII: Examination Coding Information *(This part is for examination applicants only)***

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes







b) CHART III - Select the examination site you desire and enter Test Center Code:

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c) CHART IV - Find your School of Graduation and enter school code:



d) Record the number of times you have taken this exam in Illinois or any other state:

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**PART VIII: Child Support and Tax Information *(Every applicant is required by law to respond to the following questions)***

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes  No   
(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes  No

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_

Signature of Applicant 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.