INSTRUCTION SHEET

FOR MAKING APPLICATION UNDER PROVISIONS OF THE ILLINOIS BARBER, COSMETOLOGY, ESTHETICS, AND NAIL TECHNOLOGY ACT OF 1985

BARBER TEACHER

Examination
Endorsement of License
Restoration

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 COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed; then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. All Illinois Barber Teacher licenses expire on July 31 of every odd-numbered year.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3-digit Profession Code, Licensure Method, and Fee, and record that information in **PART I** (page 1) of the **Application for Licensure and/or Examination**.

Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

NOTE: a) Indicate your Barber education and Barber Teacher education in **PART III**, No. 7 on the **Application for Licensure and/or Examination**.

b) Indicate your Illinois Barber License number in PART IV on the **Application for Licensure and/or Examination**. YOU MUST BE LICENSED AS A BARBER IN ILLINOIS BEFORE CONSIDERATION WILL BE GIVEN TO YOUR BARBER TEACHER APPLICATION FOR EXAMINATION.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **PART I** (page 1) of the **Application for Licensure and/or Examination** and follow those instructions only.

Note: All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

EXAMINATION

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.

NOTE: Persons who successfully complete the examination MUST apply for licensure within one year of notification of passing the examination. If application for licensure is not made within one year, the examination grade will be voided, and a new examination application, fee, and successful completion of the examination will be required.

1. Submit a copy of your current Illinois Barber License.

2. If applying on the basis of 1,000 hours of teacher training, submit official transcripts issued by the approved Illinois Barber School with school seal affixed.

3. If applying on the basis of 500 hours of teacher training, submit official transcripts issued by the approved Illinois Barber School with school seal affixed;

   AND

   Two (2) Supporting Documents **VE-COB**, each completed by an employer, co-worker, or client who can verify three (3) years of your lawful practice as a Barber in Illinois. Direct the referent(s) to return form to you in a sealed envelope. (Lawful practice is defined as practice after your Illinois license was issued and while it was active.) If self-employed you may complete one of the two forms on your own behalf.

4. If you have ever held a license as a barber teacher or a related license (other than your Illinois Barber License), Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form, if necessary.

5. Fee payment is indicated on the **REFERENCE SHEET, CHART II**. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.

6. Forward four-page application, supporting documentation and fee payment to Continental Testing Services, Inc., PO Box 100, LaGrange, Illinois 60525-0100; ***or***

7. **Apply Directly On-Line**. Register for the examination by referring to the Continental Testing Web site (**www.continentaltesting.net**) for information on how to apply for the examination on-line and pay the test fee by credit card.

ENDORSEMENT OF LICENSE

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

1. Submit a copy of your current Barber License or verification from the licensing authority that you have the ability to practice barbering with a Barber Teacher license.

2. Submit official transcripts of teacher training from the barber school attended, with school seal affixed. If the school cannot provide the transcript, the State Board may verify the number of hours required for licensure at the time of your original license.

3. Supporting Document **CT** must be completed by the jurisdiction(s) of original licensure and the jurisdiction of current licensure where you have most recently been practicing as a barber teacher. You are authorized to photocopy the form, if necessary.

4. If you completed less than 1,000 hours but at least 500 hours of teacher training, two (2) Supporting Documents **VE-COB** must be completed showing at least three (3) years of lawful practice in another jurisdiction. Each must be completed by an employer, co-worker, or client who can verify your lawful practice as a BARBER. Direct referent(s) to return form to you in a sealed envelope. (Lawful practice is defined as practice after your Barber license was issued and active in that particular jurisdiction.) It is recommended that you document all lawful practice. If you were self-employed, you may complete one supporting document on your own behalf.

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

6. Forward four-page application, supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, PO Box 7007, Springfield, Illinois 62791.

NOTE: You may be required to submit a copy of the licensing act and rules which were in effect in the jurisdiction of original licensure on the date your original Barber Teacher license was issued.

RESTORATION

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.

IMPORTANT NOTICE: These Restoration Instructions apply only to those barber teachers whose licenses have been on inactive status, or in non-renewed status, for five (5) or more years.

If your license has been inactive, or in non-renewed status, for less than five (5) years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420, TTY: 1-866-325-4949 for detailed instructions on how to restore it to active status.

To restore your Illinois Barber Teacher license which has been expired for more than five (5) years, submit the following:

1. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial Professional Regulation at 1-800-560-6420, TTY: 1-866-325-4949.

2. Supporting Document **CT** must be completed by the jurisdiction(s) where you have most recently been practicing. You are authorized to photocopy the form, if necessary.

3. Supporting Document **VE-COB** must be completed by an employer, co-worker, or client to verify active practice within the five (5) years immediately preceding submission of this application. Direct referent(s) to return form to you in a sealed envelope. If self-employed, you may complete the supporting document on your own behalf.

4. If you are unable to provide evidence of current licensure in another jurisdiction and evidence of lawful practice in that jurisdiction within the five (5) years immediately preceding submission of this application, you must:

   A. submit an official transcript issued by the licensed barber or cosmetology school, verifying successful completion of a 250-hour refresher course within two (2) years of application; OR

   B. successfully complete the barber teacher licensure examination within two (2) years of application.

   You must submit a signed and dated written statement indicating your selection of a refresher course or the examination. Once you select the method, you must successfully complete that method prior to restoration.

5. If restoring after active military service, submit a copy of military form DD214.

6. The fee for restoration is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.

7. Forward four-page application, supporting documentation and fee payment to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, PO Box 7007, Springfield, Illinois 62791.

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.

Licensure Methods	Definition
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 examination dates, filing deadlines, and fees if prevailing circumstances necessitate such action.

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

Profession Name	Profession Code	Licensure Method	Application Fee
Barber Teacher	007	Examination	$156.00
Barber Teacher	007	Endorsement of License	$45.00
Barber Teacher	007	Restoration	See Supporting Document RS

CHART II - EXAMINATION CODES

Complete the examination/licensure application and submit it, along with the examination test fee, to Continental Testing Service (CTS) where it will be screened for eligibility.

- Access and complete the examination application:
  1) via the internet at **www.continentaltesting.net** and pay the examination fee with a credit card (VISA or MasterCard).
     - Once you are determined eligible, you will receive an Authorization to Test (ATT). Your ATT will contain the necessary information to schedule a test appointment of your choice (date, time, and location). Your ATT will be sent as an electronic document via e-mail. **IMPORTANT: an e-mail address is a mandatory field that must be completed on the application form in Section 12. This ATT eligibility lasts for 60 days only. You must take the examination within those 60 days or reapply with a new fee.**
- Candidate Handbooks in electronic form are accessible on the CTS or the IDFPR web sites.

****NOTE:** The Spanish Translation Examination is administered ONLY at Chicago Test Centers.

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request (based upon your licensure method) to one of the following telephone numbers:

Licensure Methods **Except** Examination **(US ONLY)**	Examination Licensure Method **Only**
1-800-560-6420 TTY 1-866-325-4949 Please allow 6 weeks from mailing your application before making an inquiry concerning its status.	1-708-354-9911

CHART IV - SCHOOL CODES

Step 1. For active school codes go to www.idfpr.illinois.gov.
Step 2. Click on **"Professional Regulation"** and then click on **"Regulated Professions"**.
Step 3. Click on **"B"** and then click on **"Barber"**.
Step 4. Click on **"Resources and Publications"**.
Step 5. Click on **"Active Barber Schools"**.
Step 6. Look for your School of Graduation and the School Code is listed first on the chart.

If your school's status is closed, cancelled, change of ownership or not renewed follow steps 1 and 2 then:
Step 3. Click on **"License Look-Up"**.
Step 4: Under **"Legal Business Name"** type in your school's name.
The school's license number is its school code.

If you graduated from a school outside of Illinois the school code is 999.999999

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Barber Teacher

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!

		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	

	SUBMITTED
Application Fee	
Official transcripts with seal affixed	
CT Form (***original*** and ***current*** state) if applicable	
VE-COB Forms	
Copy of current Barber License	
Proof of Name Change (if applicable)	
RS Form (restoration method only)	
Refresher Course (restoration method only) if applicable	
Written Statement signed and dated (restoration method) if applicable	

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

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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
	___ ___ ___		$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.

☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

☐ Other: _____

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

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	10. AGE
	__ __ / __ __ / __ __ __ __ Month Day Year	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED	12. **REQUIRED** E-MAIL ADDRESS
Work: (__ __ __) __ __ __ -- __ __ __ __ (Area Code) Home: (__ __ __) __ __ __ - __ __ __ __ (Area Code) Fax: (__ __ __) __ __ __ - __ __ __ __ (Area Code) Fax: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)	

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

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 High School? ☐ Yes ☐ No OR Received 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

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	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ 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.)

NAME (Last, First, MI):

SS#:

Profession:

PART VI: Personal History Information *(This part must be completed by all applicants)*	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. *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.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*		
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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		
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? *If yes, attach a detailed explanation.*		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		

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:

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:

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.

NAME (Last, First, MI):

SS#:

Profession:

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.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

FOR EXAM USE ONLY

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ ___ ___ ___ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of
Name of Licensing Agency or Board
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant ☐ has written ☐ is scheduled to write the following examination:

_____ _____
Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

- ☐ Examination (Administered in Your State)
  - ☐ National (Name) _____
  - ☐ State Constructed _____
  - ☐ Other (Name) _____
- ☐ Endorsement of License (State) _____
- Acceptance of Examination Results _____ (Administered in Another State)
- ☐ Reciprocity with (State) _____
- ☐ Waiver/Grandfather
- ☐ Credentials
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (Explain) _____

G. IF LICENSED BY EXAMINATION, RECORD SCORES

Type of Examination	Score
Written	_____
Practical	_____
Other (Describe) _____	
Received no Grade Below	_____

Examination Period _____ days _____ hours

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination — Date of Examination _____

(Record all available information)

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** ☐ Yes ☐ No

PART V - RECIPROCAL REGISTRATION

This state ☐ does ☐ does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name _____

Title _____ Signature _____

Agency/Board Street Address _____ Date _____

City, State, ZIP Code _____ Area Code ( ) Telephone Number _____

ATTENTION APPLICANT--RETURN EXAM CT TO: **Continental Testing Services, Inc.**
P.O. Box 100
LaGrange, Illinois 60525-0100

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**VERIFICATION OF EMPLOYMENT/EXPERIENCE**	SUPPORTING DOCUMENT **VE-COB**

APPLICANT: ***Complete the applicant section of this form. Forward the form to an employer, or client who has personal knowledge of your practice.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ (Month Day Year)	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE (P.O. Box alone is not acceptable)	5. PROFESSION NAME, PROFESSION CODE. _____ Profession Name ___ ___ ___ Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. ILLINOIS LICENSE NUMBER (Restoration applicants only)	

DECLARANT: ***Complete the remainder of this form.***

PART I

A. NAME OF DECLARANT	B. RELATIONSHIP TO APPLICANT ☐ Employer ☐ Client

PART II

A. PRACTICE PERFORMED BY APPLICANT ☐ Cosmetology ☐ Esthetics ☐ Barbering ☐ Nail Technology	B. DATES OF APPLICANT'S PRACTICE From __ __ / __ __ / __ __ __ __ (Month Day Year) To __ __ / __ __ / __ __ __ __ (Month Day Year)

C. LOCATION OF APPLICANT'S PRACTICE (salon name, street address, city, state, zip code)

D. PROFESSIONAL SERVICES PERFORMED BY APPLICANT

I do hereby declare that the information I have recorded hereon is true and correct.

_____ Signature of Declarant	_____ Street Address of Declarant
_____ Date Signed	_____ City, State, Zip Code of Declarant

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**VERIFICATION OF EMPLOYMENT/EXPERIENCE**	SUPPORTING DOCUMENT **VE-COB**

APPLICANT: ***Complete the applicant section of this form. Forward the form to an employer, or client who has personal knowledge of your practice.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE (P.O. Box alone is not acceptable)	5. PROFESSION NAME, PROFESSION CODE. _____ Profession Name ___ ___ ___ Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. ILLINOIS LICENSE NUMBER (Restoration applicants only)	

DECLARANT: ***Complete the remainder of this form.***

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