

INSTRUCTION SHEET

Cosmetology Teacher

- EXAMINATION
ENDORSEMENT OF LICENSURE
ACCEPTANCE OF EXAMINATION
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.***

To apply for licensure as an Illinois cosmetology teacher under the provisions of the Illinois Barber, Cosmetology, Esthetics and Nail Technology Act of 1985, select the method of application for which you qualify and follow each of the steps below in the order they are listed. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued an Illinois cosmetology teacher license, please be advised your license will expire on September 30 of every even-numbered year.

The methods of application and pages on which those instructions are located are listed as follows:

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EXAMINATION

Application for examination as an Illinois Cosmetology Teacher must be made by submitting examination fee and application to the Continental Testing Services, Inc. After you have been notified that you have successfully completed the examination, you need to apply for licensure by submitting the required licensure fee and form. You **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.

Step I - Application

Complete all applicable information requested on the four-page **Application for Licensure and/or Examination**.

1. Complete Part I, Application Category Information as indicated below:

1. Profession Name Cosmetology Teacher	2. Profession Code 012	3. Licensure Method Examination	4. Fee *
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* See attached Reference Sheet for fee amount.

2. Indicate your teaching training from a licensed cosmetology school in Part III, No. 7, on the **Application for Licensure and/or Examination**.
3. Indicate your Illinois cosmetologist license number in Part IV on the **Application for Licensure and/or Examination**. **YOU MUST HOLD A CURRENT COSMETOLOGIST LICENSE IN ILLINOIS BEFORE CONSIDERATION WILL BE GIVEN TO YOUR COSMETOLOGY TEACHER EXAMINATION APPLICATION.**

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

EXAMINATION (cont'd)

Step II - Supporting Documents

The following supporting documentation must be submitted with four-page **Application for Licensure and/or Examination** at time of application for examination:

1. Submit a copy of your current Illinois cosmetologist license.
2. If applying on the basis of 1,000 hours of teacher training, submit **official transcripts** issued by a licensed Illinois cosmetology school, with school seal affixed.
3. If applying on the basis of 500 hours of teacher training, submit official transcripts issued by the licensed Illinois cosmetology school, with school seal affixed AND two Supporting Documents **VE-COB (Verification of Employment/Experience)**, each completed by an employer, co-worker, or client who can verify two years of your lawful practice as a cosmetologist. Direct the referent(s) to return form to you in a sealed envelope.

~NOTE~

All documents submitted in a foreign language must be accompanied by an original official, 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.

NOTE: If self-employed, you may complete 1 (one) Supporting Document **VE-COB** on your own behalf. (Lawful practice is defined as practice after your cosmetologist license was issued and while it was active.) The total time of lawful practice, which must be verified, is 2 or more years within 5 years preceding the examination for which application is being made.

4. If you have ever held a license as a cosmetology teacher or related license in another state, Supporting Document **CT (Certification of Licensure)** 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.

Step III - Fee

See the attached Reference Sheet for the fee amount. Fee payment must be in the form of a certified check or money order made payable to the Continental Testing Services, Inc.

Step IV - Mail Application

Forward 4-page application, supporting documentation, and fee payment to:

Continental Testing Services, Inc.
PO Box 100
LaGrange, Illinois 60525-0100

or

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.

Step V - Need Assistance

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

Continental Testing Services, Inc.: 708-354-9911
Telecommunicative Device for the Deaf: 1-800-869-1313

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

ENDORSEMENT OF LICENSURE

***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.***

Persons making application on the basis of endorsement MUST hold an active cosmetology teacher license in another jurisdiction at the time of application for Illinois license. An applicant MAY NOT practice in Illinois until the Illinois cosmetology teacher license is issued. The license must be displayed at the place of employment.

Step I - Application

Complete all applicable information requested on the four-page **Application for Licensure and/or Examination**.

1. Complete Part I, Application Category Information, as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Cosmetology Teacher	012	Endorsement	*

* See attached Reference Sheet for fee amount.

2. Indicate your cosmetology teacher education in Part III, No. 7, on the **Application for Licensure and/or Examination**.

Step II - Supporting Documents

The following documentation must be submitted with the **Application for Licensure and/or Examination** at time of application:

1. Submit a copy of your current cosmetology license, or verification from the licensing authority that you have the ability to practice cosmetology with a cosmetology teacher license.

Note: The Department may request that you submit a copy of the licensing act and rules from the jurisdiction of original licensure that were in effect on the date your original cosmetology teacher license was issued.

2. Submit **official transcripts** of teacher training from the cosmetology school you attended, with school seal affixed. If the school cannot provide the transcript, the state board may verify the number of training hours required for licensure at the time your original teacher license was issued.
3. **CT (Certification of Licensure)**--Supporting Document **CT** must be completed by the jurisdiction of original licensure stating a brief description of any licensure examination taken and the grades received. It must also state whether your file contains any record of disciplinary actions taken or pending. You are authorized to photocopy the form if necessary.
4. **CT (Certification of Licensure)**--**Supporting Document CT** must be completed by the jurisdiction of current licensure.
5. If you completed less than 1,000 hours but at least 500 hours of teacher training, you must verify at least two (2) years of lawful practice in another jurisdiction. You must submit two Supporting Documents **VE-COB (Verification of Employment/Experience)**. Each must be completed by an employer, co-worker or client who can verify two years of lawful practice as a COSMETOLOGIST. Direct the referent(s) to return form to you in a sealed envelope. (Lawful practice is defined as practice **after** your cosmetologist license was issued and while it was active in that particular jurisdiction). It is recommended that you document all lawful practice. If self-employed, you may complete a supporting document on your own behalf.

**ENDORSEMENT OF LICENSURE
(cont'd)**

6. You may base your application on three (3) years of lawful cosmetology teaching experience. To verify experience, you must submit two Supporting Documents **VE-COB**. Each must be completed by a co-worker or employer and must verify three years of lawful practice as a cosmetology teacher. You must also submit Supporting Document **CT** from the jurisdiction where the lawful practice occurred.

STEP III - Fee

See the attached Reference Sheet for the fee amount. Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

STEP IV - Mail Application

Forward 4-page application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7007
Springfield, IL 62791

STEP V - Need Assistance

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

Department of Financial and Professional Regulation: 217/782-8556
Telecommunication Device for the Deaf: 217/524-6735

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

ACCEPTANCE OF 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.***

The Acceptance of Examination licensure method applies to esthetics teachers and nail technology teachers licensed in Illinois who are applying for a cosmetology teacher license. A licensed esthetics teacher or nail technology teacher can receive a license as a cosmetology teacher without further examination.

Step I - Application

Complete all applicable information requested on the four-page **Application**.

1. Complete Part I, Application Category Information, as indicated below:

1. Profession Name Cosmetology Teacher	2. Profession Code 012	3. Licensure Method Acceptance of Examination	4. Fee *
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* See attached Reference Sheet for fee amount.

2. Indicate all cosmetology, esthetics, and/or nail technology education in Part III, No. 7, on the Application for Licensure and/or Examination.

ACCEPTANCE OF EXAMINATION

(cont'd)

Step II - Supporting Documents

The following documentation must be submitted with the **Application for Licensure and/or Examination**:

1. Submit a copy of your current esthetics teacher license or current nail technology teacher license.
2. Submit a copy of your esthetician license or nail technician license.
3. Submit proof of one (1) of the following:
 - (a) two years experience as an esthetician or nail technician; *or*
 - (b) official transcript verifying completion of 500 hours of post-graduate training in the basic cosmetology curriculum. Presentation of material must include the concepts intended to be taught and skills to be acquired during the various phases of basic education.

Step III - Fee

See the attached Reference Sheet for the fee amount. Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

Step IV - Mail Application

Forward 4-page application, supporting documentation, and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7007
Springfield, IL 62791

Step V - Need Assistance

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

Department of Financial and Professional Regulation: 217/782-8556
Telecommunicative Device for the Deaf: 217/524-6735

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

	RESTORATION	
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***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.***

There are two ways to qualify for the restoration of your license. If you have been lawfully practicing as a cosmetology teacher in another jurisdiction within the five (5) years immediately preceding submission of this application for restoration, you may submit verification of licensure in that jurisdiction and verification of your lawful practice. You must also submit verification of **24** hours of continuing education.

If you have not been practicing in another jurisdiction, you must either complete a **250**-hour cosmetology teacher refresher course *or* retake and pass the cosmetology teacher licensure examination. Those completing the refresher course or examination do not need the additional **24** hours of continuing education.

RESTORATION (cont'd)

Step I - Application

Complete all applicable information requested on the four-page **Application for Licensure and/or Examination**.

1. Complete Part I, Application Category Information, as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Cosmetology Teacher	012	Restoration	*

* See attached Reference Sheet for fee amount.

Step II - Supporting Documents

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those cosmetology teachers whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

To be submitted by **all Restoration applicants**:

1. Supporting Document **RS (Restoration)** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217/782-0458.
2. If restoring after active military service, submit a copy of military form **DD214** (if applicable).

If your application is based upon lawful practice as described above, you must submit:

- A. Supporting Document **CT (Certification of Licensure)** completed by the jurisdiction where you have most recently been practicing.
- B. Supporting Document **VE-COB (Verification of Employment/Experience)** 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.
- C. Verification of **24** hours of continuing education earned within two years immediately preceding the submission of the restoration application. The verification must be in the form of Certificates of Attendance provided by the Registered Continuing Education Sponsor. Please note that a licensee who is at least 62 years of age or has been licensed as a cosmetologist, cosmetology teacher or cosmetology clinic teacher for at least 25 years is exempt from the continuing education requirement.

If your application is based upon completion of a refresher course or examination as described above, you must submit:

- A. A signed and dated written statement indicating your selection of a refresher course or examination. Once you select the method, you must successfully complete that method prior to restoration.
- B. If you selected the refresher course, submit an official transcript issued by the licensed cosmetology school verifying successful completion of a **250**-hour cosmetology teacher refresher course. Refresher course must be completed within two years before or two years after submission of this application.
- C. If you selected examination, you will be notified of the examination fee and test dates. **Do not submit an application to the testing service until you are notified by the Department.**

RESTORATION (cont'd)

Step III - Fee

The fee for restoration is noted on supporting document **RS (Restoration)**. Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

Step IV - Mail Application

Forward 4-page application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7007
Springfield, IL 62791

Step V - Need Assistance

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

Department of Financial and Professional Regulation: 217/782-8556
Telecommunicative Device for the Deaf: 217/524-6735

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

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 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>	<u>Application Fee after 7/01/09</u>
Cosmetology Teacher	012	Examination	\$115.45	\$118.45
Cosmetology Teacher	012	Endorsement of License	\$ 45.00	\$ 45.00
Cosmetology Teacher	012	Acceptance of Examination	\$ 30.00	\$ 30.00
Cosmetology Teacher	012	Restoration	See Supporting Document	RS

CHART II - EXAMINATION CODES AND FEES

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); **or**
 - 2) in paper form by downloading the application:
 - from the Division of Professional Regulation's web site www.idfpr.com; **or**
 - from the CTS web site www.continentaltesting.net; **or**
 - call the Division at 217/782-8556 and request an application.

All paper applications must be accompanied by an examination fee in the form of a certified check or money order payable to Continental Testing Service.

***NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. After successful completion of examination, you will be notified of the licensure fee.

CHART III - EXAMINATION DATES AND LOCATIONS

<u>Test Dates</u>	<u>Application Filing Deadlines</u>	<u>Available Test Center</u>	<u>Test Center Code</u>
April 4, 2009	February 19, 2009	Chicago	1213
July 11, 2009	May 28, 2009	Springfield	1207
October 3, 2009	September 18, 2009	Chicago	1210
January 2, 2010	November 18, 2009	Springfield	1201
April 3, 2010	February 18, 2010	Chicago	1204

NOTE: Approximately two weeks prior to the examination, an admission notice will be mailed to you, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services: 708-354-9911.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

- ♦ Candidate Handbooks in electronic form are accessible on the CTS or the IDFPR web sites.

SEE ATTACHED CHART IV - COSMETOLOGY SCHOOL CODES

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

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods Except Examination 217-782-8556 Telecommunication Device for the Deaf (TDD) 217-524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708-354-9911 Telecommunication Device for the Deaf (TDD) 1-800-359-1313
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CHART IV - SCHOOL CODES (These codes are for Cosmetologists and Cosmetology Teachers.)

***Persons who graduated from a school of cosmetology located outside of Illinois, use 999999 as your school code. Persons who completed an apprenticeship, use 000000 as your school code.**

ADDISON

015-435 Technology Center of Dupage,
School of Cosmetology

ARLINGTON HEIGHTS

013-749 EEG, Inc.
d/b/a Empire Beauty School

AURORA

013-720 Regency Beauty Institute

BELLEVILLE

013-695 Alvareita's College of Cosm.

BERWYN

013-677 American Career College of
Hair Design, Inc.

BLOOMINGDALE

013-609 Pivot Point Beauty School
d/b/a Pivot Point International
Cosmetology Research Center

BLOOMINGTON

013-583 Hair Masters Inst. of Cos., Inc.

BLUE ISLAND

013-660 Cannella School of H.D.

BOURBONNAIS

015-415 Kankakee Area Career Ctr.

BRADLEY

013-680 Trend Setters College of Cosm.

BRIDGEVIEW

013-732 Tricoci University of
Beauty Culture LLC

BUFFALO GROVE

013-454 Arlington Academy, Inc.

CANTON

013-737 Innovations Design
Academy

CARTERVILLE

015-329 John A. Logan College

CARTHAGE

013-685 Carl Sandburg College

CENTRALIA

015-369 Kaskaskia College of B.C.
013-718 Southern Illinois School
of Cosmetology

CHAMPAIGN

013-733 Regency Beauty Institute

CHICAGO

013-681 Anita's Beauty School, Inc.
013-698 Aveda Institute
015-416 CVS/HNS & More
013-168 Cannella School of H.D.
9012 S Commercial
013-606 Cannella School of H.D.
4217 W. North Avenue
013-657 Cannella School of H.D.
4269 S. Archer Avenue
013-697 Cannella School of H.D.
600 W. Belmont
013-655 Capelli Academy of Cosmetology
013-756 Capelli Academy of Cosmetology II,
Inc.
013-355 Capri-Garfield Ridge
School of Beauty Culture
013-760 Chicago Institute of Beauty, Inc.
013-653 Dudley Beauty College
015-104 Dunbar Vocational School
013-665 Elegante School of Beauty
015-551 Farragut Career Academy
013-748 Feminique School of Beauty, Inc.
013-605 Futurama Beauty Academy
013-362 Lena's Artistic Beauty College
013-738 LSE Enterprises Inc.,
d/b/a Entourage Beauty College
013-757 Paul Mitchell The School, Chicago
013-643 Pivot Point Beauty School
3901 W. Irving Park Road
013-614 Rosel School of Cosmetology
015-300 Simeon Vocational High School
013-702 Steven PapaGeorge Hair Acad., Inc.
d/b/a MacDaniel's Beauty School
013-709 Tricoci Univ. of Beauty Culture
015-498 Truman Coll., School of B.C.
013-598 Your School of Beauty Culture, Inc.

CICERO

013-556 Bell Mar Beauty College

CRYSTAL LAKE

013-689 Crystal Lake Academy, Inc.,
d/b/a Cosmetology and Spa Institute

DANVILLE

013-127 Concept College of Cosmetology

DARIEN

013-724 Regency Beauty Institute

DECATUR

013-299 Mr. John's School of Cosmetology,
Esthetics and Nails
013-742 Shear Learning Academy of
Cosmetology, Inc.

DIXON

015-417 Dixon School Cosmetology (D.O.C.)

DWIGHT

015-222 Dwight School of Beauty Culture

EAST MOLINE

013-662 La'James International College

EAST PEORIA

013-690 TSG Cosmetology Inc.,
d/b/a Oehrlein School of Cosm.

EAST ST. LOUIS

013-637 Vee's School of B.C.

EDWARDSVILLE

013-443 Alvareita's College of Cosm.

EFFINGHAM

013-214 Dorothy Chrysler School of
Beauty Culture

ELGIN

013-659 Cannella School of Hair
Design
013-723 Gwendolyn & Co., Inc.
013-761 Regency Beauty Institute

ELMWOOD PARK

013-758 Curve Metric School of Hair
Design, Inc.

EVANSTON

013-408 Pivot Point Beauty School, Inc.

FAIRVIEW HEIGHTS

013-705 Vantinus Cosm. Preparation, Inc.
d/b/a Precision Point School of
Cosmetology
013-731 Regency Beauty Institute

FREEMONT

015-414 Highland Community College

GALESBURG

015-303 Carl Sandburg College

GLENDALE HEIGHTS

013-714 Tricoci Univ. of Beauty Culture

GODFREY

013-537 Alvareitas College of Cosm.

GRANITE CITY

013-708 Aloha Cosmetology CTR. P.C.

GRAYSLAKE

015-532 Lake County Area Voc.

HANOVER PARK

013-750 EEG, Inc.
d/b/a Empire Beauty School

CHART IV - COSMETOLOGY SCHOOL CODES (Side 2)**HARRISBURG**

013-548 Southeastern Illinois College

HILLSIDE

013-696 Ms. Roberts Academy

JACKSONVILLE

013-686 Mr. John's School of Cosmetology and Nails

JOLIET013-528 Prof. Choice/Hair
013-744 Regency Beauty Institute**KANKAKEE**

013-707 Images School of Cosmetology, Inc.

LaSALLE

013-580 Educators of Beauty

LAKE IN THE HILLS013-754 ABC School of Nail Technology
d/b/a ABC School of Cosmetology
and Nail Technology, Inc.**LIBERTYVILLE**

013-735 Tricoci University of Beauty Culture LLC

LISLE013-751 EEG, Inc.
d/b/a Empire Beauty School**LITCHFIELD**

013-691 TriCounty Beauty Acad.

MATTOON

015-328 Lake Land College School of Cosmetology

MOKENA

013-694 Trend Setters Co. of Cosm.

MOOSEHEART

013-091 Mooseheart School of B. C. Division

MORRIS

013-630 Morris Academy of H. D.

MOUNT PROSPECT

013-722 Erik Alexander University of Cosmetology

MOUNT VERNON

015-550 Rend Lake College

NAPERVILLE

015-552 Technology Center of DuPage

NEW LENOX

013-755 Capri School of Beauty Culture, Inc., d/b/a Capri Beauty College - New Lenox 1

NILES

013-446 Niles School of B. C.

NORMAL013-679 Midwest College of Cosmetology
013-759 PMIL Normal LLC
d/b/a Paul Mitchell the School,
Normal**NORTH CHICAGO**

013-678 Dros School of Cosmetology

OAK FOREST013-470 Capri-Oak Forest School
013-640 John Amico School of H.D.**OAK LAWN**

013-633 Cameo Beauty Academy

O'FALLON

013-667 New Image Cosm. Tech. Ctr.

OLNEY

013-521 Olney Central College

OSWEGO

013-482 Hair Prof. School of Cosm.

PALATINE

013-752 Haskana Institute of Hair Design, Inc.

PALOS HILLS013-683 Palos Educators, Inc., dba,
Hair Professionals Career Col.**PEKIN**

013-673 Career Logics Inst. of Hair Design

PEORIA013-745 AAAAA Beauty Academy
013-753 IL Institute of Cosmetology, LLC
013-725 Regency Beauty Institute
013-727 Tricoci University of Beauty Culture LLC**PONTIAC**

013-741 Unity Cosmetology LLC

QUINCY013-433 Quincy Beauty Academy
013-743 Vatterott Educational Center
d/b/a Vatterott College**RIVER GROVE**

013-716 ABC Cosmetology School, Inc.

ROCKFORD013-664 Educators of Beauty
013-747 Regency Beauty Institute
013-712 Tricoci Univ. of Beauty Culture**SAINT JACOB**

013-736 New Image Cosmetology Technical Center

SHOREWOOD013-739 VARA School Professionals Inc.
d/b/a The Salon Professional Academy**SPRINGFIELD**

013-474 University of Spa and Cosmetology Arts

ST. CHARLES

013-711 Cyndirella's Academy of Style & Beauty, Inc.

STERLING

013-579 Educators of Beauty

STONE PARK

013-730 Cosmetology Training Center

SYCAMORE

013-531 Hair Prof. Career College, Inc.

ULLIN

015-434 Shawnee College of Cosm.

URBANA013-672 Concept College of Cosmetology
013-581 Mr. John's School of Cosmetology and Nails**VIENNA**

015-455 SE Illinois College of Cosm. (DOC)

VILLA PARK013-615 Ms. Roberts Sch. of B. C.
013-658 Canella School of Hair Design**WATERLOO**

013-762 Creative Touch Cosmetology School LLC

WEST DUNDEE

013-514 Hair Professionals Academy of Cosmetology

WESTMONT

013-740 Elite Beauty Institute, Inc.

WHEATON

013-554 Hair Professionals Academy Cosmetology

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Cosmetology 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 (<i>original</i> and <i>current</i> state) if applicable	
VE-COB Forms	
Copy of current Illinois cosmetologist license	
Proof of Name Change (if applicable)	
RS Form (restoration method only)	
Refresher Course (restoration method only) if applicable	
Certificates of CE Attendance (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.

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 (This part must be completed by all applicants)

YES NO

- | | YES | NO |
|--|-----|----|
| 1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i> | | |
| 2. Have you been convicted of a felony? | | |
| 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. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <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:

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- 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/or Student Loan 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?
(NOTE: If you are not subject to a child support order, answer "no.")Yes No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

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.

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

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

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

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, co-worker or client who will attest to personal knowledge of your employment/experience. The completed form must be returned to you for inclusion with your Application for Licensure/Examination.*

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. Refer to Reference Sheet is needed. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. ILLINOIS LICENSE NUMBER (Restoration applicants only)	

ATTESTANT: *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.*

PART I - EMPLOYER/CO-WORKER/CLIENT INFORMATION

A. INDIVIDUAL'S NAME	B. RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Client
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PART II - APPLICANT EMPLOYMENT INFORMATION

A. PRACTICE PERFORMED <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician	B. DATES OF PRACTICE From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
--	--

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

D. PROFESSIONAL SERVICES PERFORMED

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

Attestant Signature

Date

Attestant Street Address

City, State, Zip Code

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.

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