

# INSTRUCTION SHEET

**Cosmetology Clinic Teacher**  
**● Esthetics Clinic Teacher**  
**Nail Technology Clinic 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.***

This packet contains instructions for three separate professional licenses: 1) Cosmetology Clinic Teacher 2) Esthetics Clinic Teacher and 3) Nail Technology Clinic Teacher. You must select the appropriate profession, professional license code and method of licensure 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 delays in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM THE DATE OF RECEIPT.** If you are issued a Clinic Teacher license, be advised, the licenses expire as follows:

- Cosmetology Clinic Teacher licenses and Esthetics Clinic Teacher licenses expire on September 30 of each even-numbered year.
- Nail Technology Clinic Teacher licenses expire on October 31 of each even-numbered year.

**IMPORTANT INFORMATION REGARDING EDUCATION:** The Department will not accept partially completed Teacher Training to satisfy the clinic teacher education requirements. The applicant **MUST HAVE** completed a 250-hour Clinic Teacher Training Course in a licensed school of cosmetology approved to provide clinic teacher training. The applicant must also have graduated from the program. **You MUST SELECT THE PROFESSION FOR WHICH YOU TRAINED** (i.e., Cosmetology Clinic Teacher, Esthetics Clinic Teacher, or Nail Technology Clinic Teacher.) **ALL TEACHER APPLICANTS MUST BE A HIGH SCHOOL GRADUATE--OR ITS EQUIVALENT.**

**New Rules:** Proof that the teacher, within 5 years preceding the examination, has obtained a minimum of 2 years of practical experience working at least 30 full-time hours per week as a licensed (cosmetologist, esthetician, or nail technician) and has completed an instructor's institute for 20 hours, as approved by the Division, prior to submitting an application for examination.

## PROFESSION

Cosmetology Clinic Teacher  
Esthetics Clinic Teacher  
Nail Technology Clinic Teacher

## PROFESSIONAL LICENSE CODE

205  
206  
207

## METHOD OF LICENSURE

Examination  
Endorsement of Licensure  
Restoration of License

## INSTRUCTION PAGE NUMBER

2  
3  
Not applicable at this time.

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

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## INSTRUCTIONS FOR ALL APPLICANTS

### STEP I--Application Form

All applicants must complete all applicable information requested on the four-page APPLICATION FOR LICENSURE AND/OR EXAMINATION.

- Complete Part I, Application Category Information, with your appropriate Profession Name; Professional License Code; Method of Licensure and Fee. The correct fee is noted on the REFERENCE SHEET.
- Indicate your clinic teacher training in Part III, No. 7.
- Indicate all license information (including Illinois license information) in Part IV. You must hold a current basic license (i.e., cosmetologist, esthetician or nail technician) in Illinois before consideration will be given to your Clinic Teacher EXAMINATION application.
- Complete Part V, indicating all licensure examination attempts and other information requested.
- All applicants must complete Part VI.
- Only EXAMINATION applicants and Nail Technology Clinic Teacher Endorsement applicants complete Part VII. Follow the instructions noted on the application.
- All applicants must complete Parts VIII and IX.

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### STEP II--Supporting Documents

#### FURTHER INSTRUCTIONS FOR LICENSURE METHOD--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.*

**IMPORTANT NOTE:** Application for examination must be submitted to Continental Testing Services, Inc. After you have been notified that you have successfully completed the examination, you **MUST** apply for licensure by submitting the required form (which will be sent to you with your pass notice) and licensure fee to the Department. The application for licensure **MUST BE SUBMITTED WITHIN ONE YEAR** of notification of passing the examination. If this is not done, your examination grade will be voided and you will be required to submit a new examination application, supporting documents and fee payment, and retake and pass the examination.

- Submit a copy of your **current Illinois basic professional license** (cosmetologist, esthetician, or nail technician).
- Submit an **official transcript** verifying completion of your 250-hour clinic teacher course. The school seal must be affixed.
- Submit two Supporting Documents **VE-COB (Verification of Employment)** if you completed a 20-hour instructor's institute. Each form must be completed by a client, co-worker or employer who can verify your practical experience under the authority of your basic license. You must verify at least two (2) years of practical experience working at least 30 full-time hours per week within five (5) years prior to submission of your examination application. Your basic license must have been **ACTIVE** during the entire two (2) years of verified practical experience. Direct referent(s) to return form to you in a sealed envelope.

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**Step II--Supporting Documents (cont'd)**  
**Examination**

- See the Reference Sheet for the Test Fee Amount. **Fee payment** must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.
- Forward four-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](http://www.continentaltesting.net)) for information on how to apply for the examination on-line and pay the test fee by credit card.

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

Continental Testing Services, Inc.: 708-354-9911  
Telecommunication 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 three weeks from mailing your application before making an inquiry concerning its status.

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**FURTHER INSTRUCTIONS FOR LICENSE METHOD--ENDORSEMENT**

***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 clinic teacher license in another jurisdiction at the time of application for Illinois license. An applicant **MAY NOT** practice in Illinois until the appropriate Illinois clinic teacher license is issued. The license must be displayed at the place of employment.

**NOTE:** Nail Technology Clinic Teacher Endorsement Applicants must take and successfully complete the Illinois Teacher Examination prior to licensure.

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

- Submit a copy of your **current basic professional license**, or verification from the licensing authority that you have the ability to practice your basic profession with a clinic teacher license.  
**NOTE:** You may be required to submit a copy of the licensing act and rules which were in effect on the date your original clinic teacher license was issued.
- Submit **official transcripts of clinic teacher training** from the 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 clinic teacher license was issued.
- **CT (Certification of Licensure)**--Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been teaching. You are authorized to photocopy the form if necessary.
- Submit two Supporting Documents **VE-COB (Verification of Employment/Experience)** if you completed a 20-hour instructor's institute. Each must be completed by an employer, co-worker or client who can verify practical experience under your basic license. You must verify at least two (2) years of practical experience working at least 30 full-time hours per week. (Lawful practice is defined as practice after your basic license

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**Supporting Documents--  
Endorsement (*cont'd*)**

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. Direct referent(s) to return form to you in a sealed envelope.

- You may base your application on three (3) years of lawful clinic 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 your lawful practice as a clinic teacher. Direct referent(s) to return form to you in a sealed envelope. A certification must be completed and submitted by the jurisdiction where you lawfully practiced.

***Cosmetology and Esthetic Clinic Teacher Applicants***

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

- Forward four-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

- 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 three weeks from mailing your application before making an inquiry concerning its status.

***Nail Technology Clinic Teacher Applicants***

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

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

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

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

Continental Testing Services, Inc.: 708-354-9911  
Telecommunication 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.

## 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

Profession Name	Profession Code	Licensure Method	Application Fee	Application Fee after 7/01/08
Cosmetology Clinic Teacher	205	Examination	\$112.45	\$115.45
Esthetics Clinic Teacher	206	Examination	\$112.45	\$115.45
Nail Technology Clinic Teacher	207	Examination	\$112.45	\$115.45
Cosmetology Clinic Teacher	205	Endorsement	\$ 45.00	\$ 45.00
Esthetics Clinic Teacher	206	Endorsement	\$ 45.00	\$ 45.00
Nail Technology Clinic Teacher	207	Endorsement	\$ 45.00	\$ 45.00

### 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](http://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](http://www.idfpr.com); *or*
  - from the CTS web site [www.continentaltesting.net](http://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 LOCATION

Test Dates	Application Filing Deadlines	Available Test Center	Test Center Code
April 5, 2008	February 22, 2008	Chicago	2004
July 12, 2008	May 28, 2008	Springfield	2007
October 4, 2008	August 21, 2008	Chicago	2010
January 3, 2009	November 19, 2008	Springfield	2001
April 4, 2009	February 19, 2009	Chicago	2003

**\*NOTE:** Approximately two weeks prior to the examination, you will be mailed an admission notice, 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 PAGE 2 FOR CHART IV - SCHOOL CODES**

## CHART IV - CLINIC TEACHER SCHOOL CODES

### SCHOOL

### APPROVED CLINIC TEACHER CURRICULUM

#### BLOOMINGDALE

013-609 - Pivot Point Beauty School

Cosmetology & Esthetics

#### BRADLEY

013-680 - Trend Setters College of Cosmetology

Cosmetology

#### CHAMPAIGN

013-733 - Regency Beauty Institute

Cosmetology

#### CHICAGO

013-643 - Pivot Point Beauty School, Inc.

Cosmetology & Esthetics

013-709 - Tricoci Univ. of Beauty Culture

Cosmetology Clinic

#### DECATUR

013-299 - Mr. John's School of Cosmetology, Esthetics & Nails

Cosmetology, Esthetics & Nail Technology

#### EVANSTON

013-408 - Pivot Point Beauty School Inc.

Cosmetology & Esthetics

#### FAIRVIEW HEIGHTS

013-731 - Regency Beauty Institute

Cosmetology

#### GRANITE CITY

013-708 - Aloha Cosmetology CTR P.C.

Cosmetology & Nail Technology

#### HILLSIDE

013-696 - Ms. Roberts Academy

Cosmetology

#### JACKSONVILLE

013-686 - Mr. John's School of Cosmetology, Esthetics & Nails Technology

Cosmetology & Nail Technology

#### JOLIET

013-744 - Regency Beauty Institute

Cosmetology

#### LAKE-IN-THE-HILLS

171-140 - ABC School of Nail Technology

Nail Technology

#### MOKENA

013-694 - Trend Setters College of Cosmetology

Cosmetology

#### PALATINE

013-540 - Haskana Institute of Hair Design

Cosmetology

#### PALOS HILLS

133-108 - Palos Educators Inc., DBA Hair Professionals

Esthetics

#### PONTIAC

013-741 - Unity Cosmetology, LLC

Cosmetology

#### QUINCY

013-433 - Quincy Beauty Academy

Cosmetology & Nail Technology

#### RIVER GROVE

013-716 - ABC Cosmetology School, Inc.

Cosmetology & Nail Technology

#### SHOREWOOD

013-739 - Vara School Professionals, Inc.  
d/b/a The Salon Professional Academy

Cosmetology

#### SKOKIE

133-112 - Skin Care and Spa Institute, Inc.

Esthetics

#### URBANA

013-581 - Mr. John's School of Cosmetology

Cosmetology

### \*\*\*\*\* 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

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

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Clinic 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	
<b>CT Form (<i>original</i> and <i>current</i> state) if applicable</b>	
<b>VE-COB Forms (if applicable)</b>	
Copy of current Illinois license (Cosmetologist, Esthetician, or Nail Tech)	
Copy of current basic professional license (endorsement applicants)	
Proof of Name Change (if applicable)	

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

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

**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. 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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### B. 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.<br><br><input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.<br><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.<br><br><input type="checkbox"/> 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. ____ - ____ - ____
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4. PERMANENT MAILING ADDRESS STREET                      CITY                      STATE/COUNTRY	ZIP CODE ____ - ____	COUNTY
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5. BUSINESS ADDRESS STREET                      CITY                      STATE/COUNTRY	ZIP CODE ____ - ____	COUNTY
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
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8. PLACE OF BIRTH CITY                      STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month                      Day                      Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) ____ - ____                      Home: (____) ____ - ____ (Area Code)    (Area Code) Fax: (____) ____ - ____                      Fax: (____) ____ - ____ (Area Code)    (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [If available]
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- c) CHART IV - Find your School of Graduation and enter school code:

<input type="text"/>
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- d) Record the number of times you have taken this exam in Illinois or any other state:

<input type="text"/>	<input type="text"/>
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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.

**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 individual 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	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. CURRENT ILLINOIS LICENSE NUMBER (If Applicable)	

**REFERENT:** *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. NAME	B. NAME AND ADDRESS OF SALON/SHOP WHERE APPLICANT WAS EMPLOYED
C. EMPLOYER OR CO-WORKER LICENSE NUMBER (If Applicable)	
D. YOUR RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Client	

### PART II - APPLICANT EMPLOYMENT INFORMATION

A. PROFESSIONAL PRACTICE IN WHICH APPLICANT WAS ENGAGED <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barber <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician	B. TIME DURING WHICH YOU KNEW APPLICANT TO BE PRACTICING THE PROFESSION AT THE ABOVE LOCATION. From ____ / ____ / ____ To ____ / ____ / ____ Month      Day              Year              Month      Day              Year
C. Was employment <input type="checkbox"/> full-time or <input type="checkbox"/> part-time?	
D. RECORD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE REGARDING THE APPLICANT'S EMPLOYMENT/EXPERIENCE.	

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referent 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.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

# VE-COB

**APPLICANT:** *Complete the applicant section of this form. Forward the form to an individual 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	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. CURRENT ILLINOIS LICENSE NUMBER (If Applicable)	

**REFERENT:** *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. NAME	B. NAME AND ADDRESS OF SALON/SHOP WHERE APPLICANT WAS EMPLOYED
C. EMPLOYER OR CO-WORKER LICENSE NUMBER (If Applicable)	
D. YOUR RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Client	

### PART II - APPLICANT EMPLOYMENT INFORMATION

A. PROFESSIONAL PRACTICE IN WHICH APPLICANT WAS ENGAGED <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barber <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician	B. TIME DURING WHICH YOU KNEW APPLICANT TO BE PRACTICING THE PROFESSION AT THE ABOVE LOCATION. From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year                      Month Day Year
C. Was employment <input type="checkbox"/> full-time or <input type="checkbox"/> part-time?	
D. RECORD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE REGARDING THE APPLICANT'S EMPLOYMENT/EXPERIENCE.	

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referent Street Address

\_\_\_\_\_  
City, State, Zip Code