

AGENDA

CONNECTICUT EXAMINING BOARD FOR BARBERS, HAIRDRESSERS AND COSMETICIANS

Monday, June 27, 2022 at 9:00 AM
Department of Public Health
410 Capitol Avenue, Hartford, CT

CALL TO ORDER

I. **Minutes**

Review and approval of the minutes from November 29, 2021.

II. **New Business**

A. Licensing Examination

B.. School Approval

- Bravado Academy - Groton, CT (Additional Location)

III. **HEARING**

- Christen Pond - Petition No. 2021-42

ADJOURN

Barbers, Hairdressers and Cosmeticians via Microsoft Teams

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 860-840-2075](#) - Phone Conference ID: 753 056 661#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

A meeting of the **Connecticut Board for Barbers, Hairdressers and Cosmeticians** on Monday November 29, 2021.

BOARD MEMBERS PRESENT: Peter Aiello, M.B.
Mark Anderson, (Public Member)
Francine Austin, H/C
Donald P. Carrozzella, H/C
Raymond J. Mastrangelo, M.B
Joe Mazzoccoli, M.B

BOARD MEMBERS PRESENT: None

ALSO PRESENT: Alfreda Gaither, Esq., Hearing Officer
Jeffrey Kardys, Board Liaison

The meeting was called to order at 9:30 a.m. All participants were present via Microsoft Teams.

I. MINUTES

The minutes from the June 14, 2021 meeting were reviewed and approved on a motion by Mr. Mastrangelo.

II. Schedule Meeting dates for 2022

The following meeting dates, subject to change, were scheduled for 2021:

January 24, 2022

April 25, 2022

August 29, 2022

November 28, 2022

All meetings will be held beginning at 9:00 a.m. Dates are subject to change

III. ADJOURNMENT

The meeting was adjourned at 9:3 a.m.

Respectively submitted,
Donald P. Carrozzella
Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians



*Prometric/Iso-Quality Testing, Inc. Candidate Application,
Scheduling And Examination Administration Overview*

Prometric/IQT Theory Examination Handbook

PROMETRIC/IQT THEORY CANDIDATE APPLICATION, SCHEDULING AND EXAMINATION ADMINISTRATION OVERVIEW

The Connecticut Department of Public Health (the Department) sets forth licensure requirements for barbers, hairdressers and cosmeticians in the state of Connecticut. One of the requirements for licensure is passing a licensing examination. The Department has contracted with Prometric/IQT to conduct its examination program. Prometric/Iso-Quality Testing (IQT) is owned and operated by Prometric, LLC. Iso-Quality Testing is located in Clearwater, Florida. If you have any questions or need assistance, please be certain to see the “Contact Us” information located at the end of this manual.

This manual is your guide to taking the Cosmetology/Barber exam. Please review and follow the steps as outlined within this manual.

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Applying to Take Your Exam

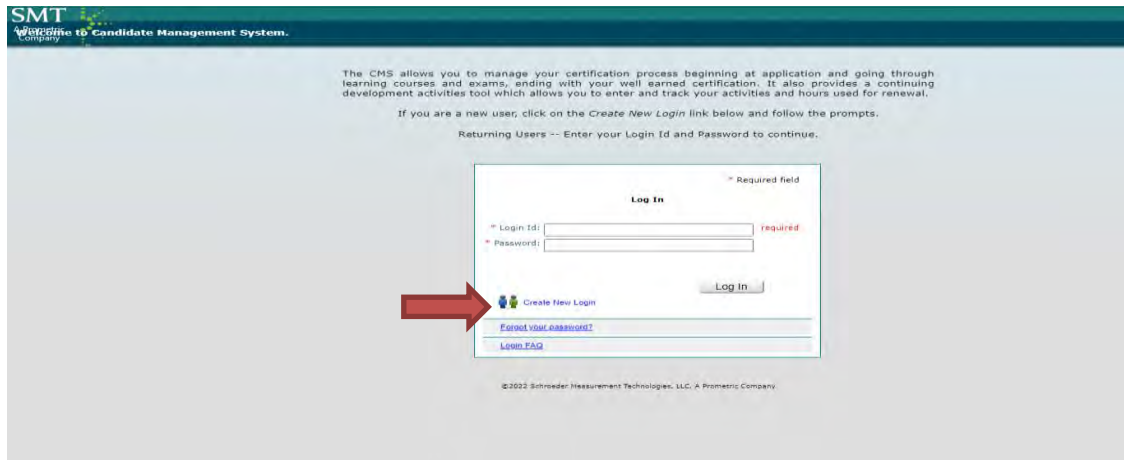
The Connecticut candidates must complete and submit their application to sit for the Barber and Cosmetology exams. Please note, you will be required to pay your exam fee when you schedule your exam). The application includes the below candidate and examination information:

1. Candidate Name - The name which a candidate is registered and appears on the Candidate Admission Letter/Document, (first and last name), must match exactly to the first and last name on the government issued photo identification. Name differences MUST be resolved no later than five business days before the scheduled exam administration date, or the candidate will not be permitted to take their exam, will be considered a no-show and all fees will be forfeited. Under no circumstances will any name differences be resolved at the testing center on the day of the examination.
2. Candidate email address – The Prometric/IQT secure exam delivery system requires that each candidate have a unique email address. This unique email address is used at various points and processes; from the point of the candidate is preregistered, exam scheduling, candidate login at the point of administration, score reporting, etc. Therefore, it is a critical requirement that all candidates at the point of preregistration are associated with a “unique” email address.
3. Mailing address – The candidate’s mailing address is referenced at various points throughout the exam delivery process, and assists in the identification of candidates.
4. Phone Number – The candidate’s current telephone number is very important to contact the candidate in the case of rescheduling, site closure due to inclement weather, etc.
5. Candidate Date of Birth (DOB) – The candidate’s date of birth may be used at various points throughout the process, including exam security and identity verification at the time of admission to the exam.

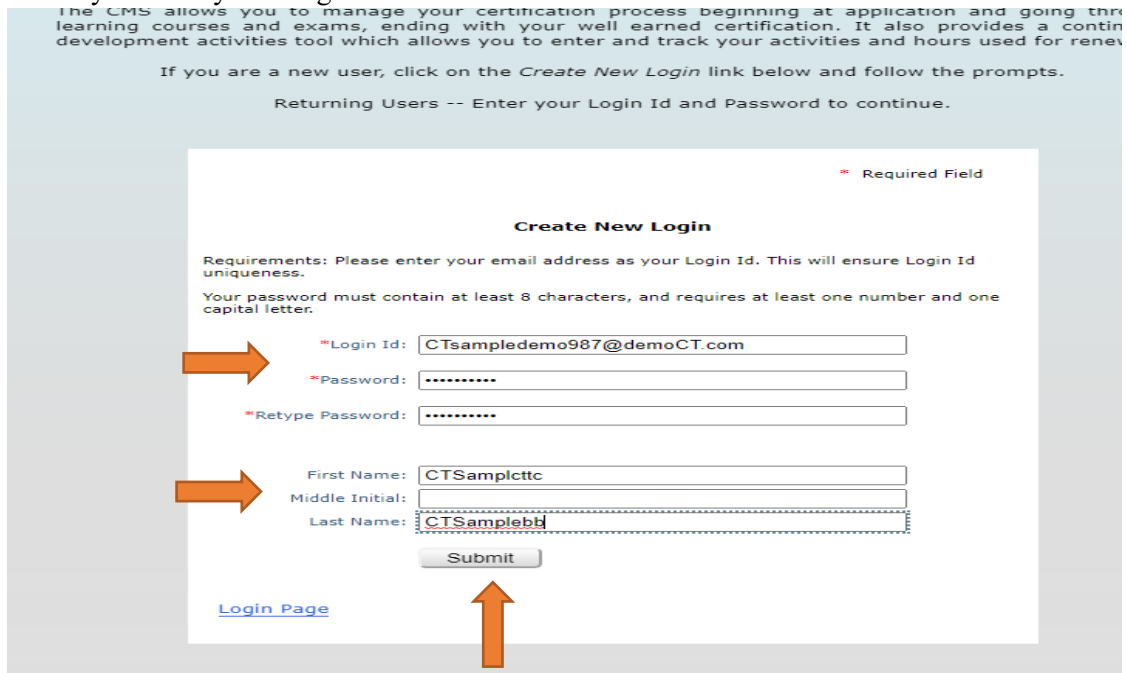
Application Process

The information outlined in the following section relates to the process theory candidates will experience when applying to sit for their examination.

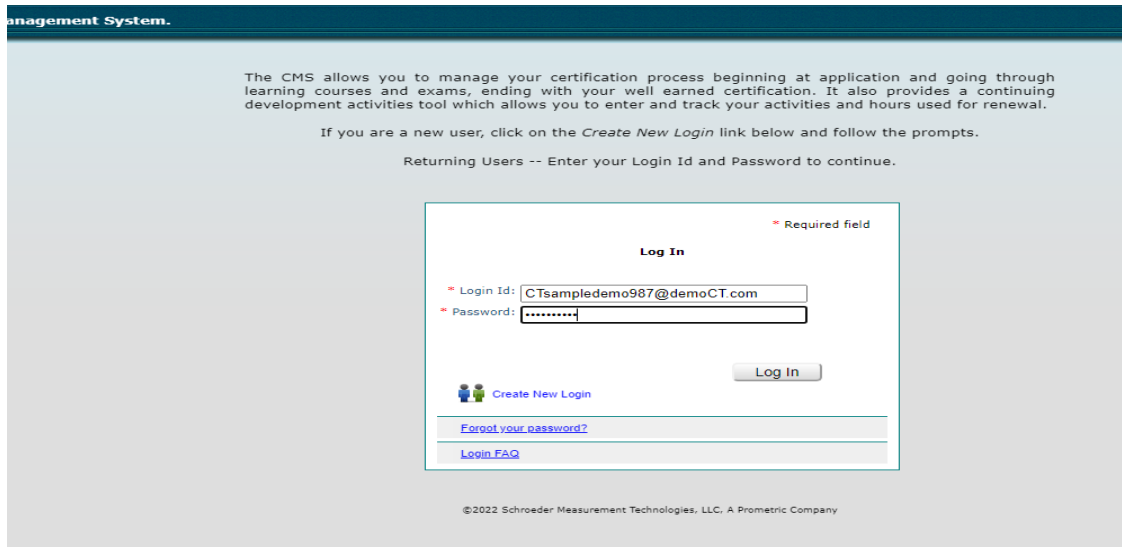
1. You will click the following link to start your application for CT:
[CT Cosmetology and Barbering Application](#)
2. On the screen, you will click the **Create New Login** Link.



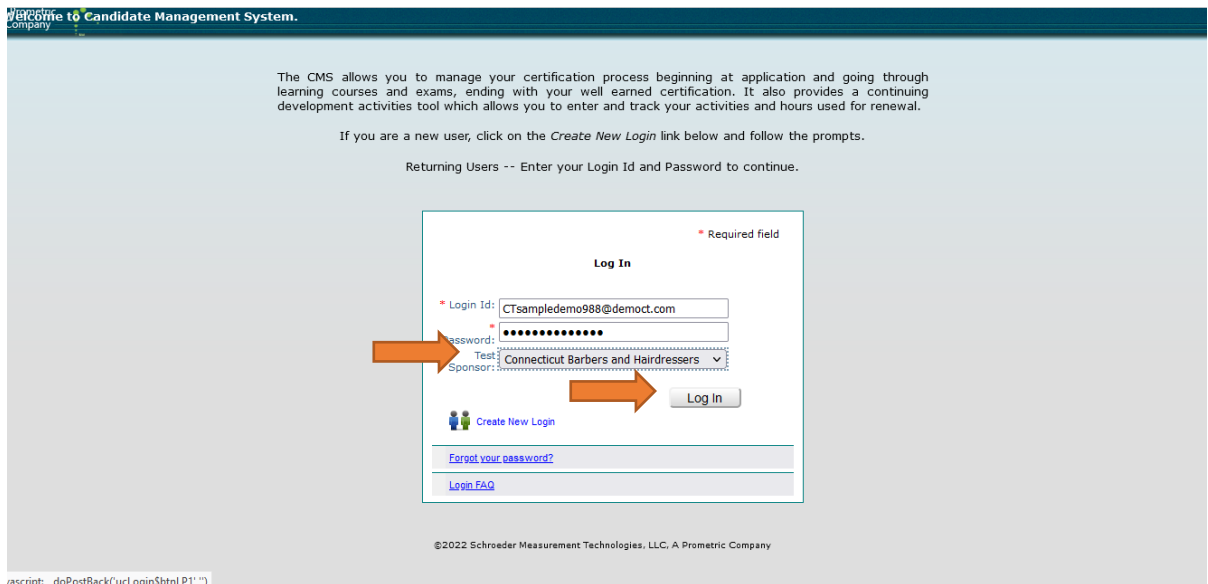
3. Create your user by entering the data in the fields on the screen. Then click the submit button.



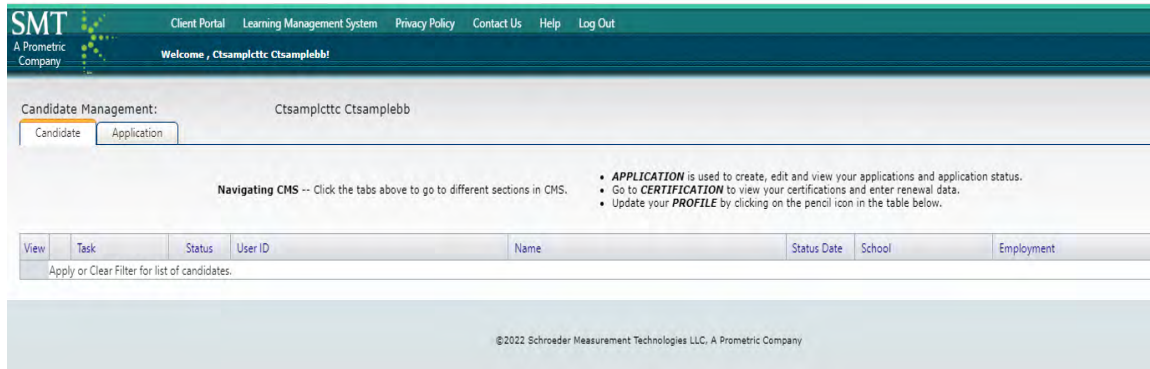
- This will bring you back to the login screen. You will need to log in twice if it your first time.



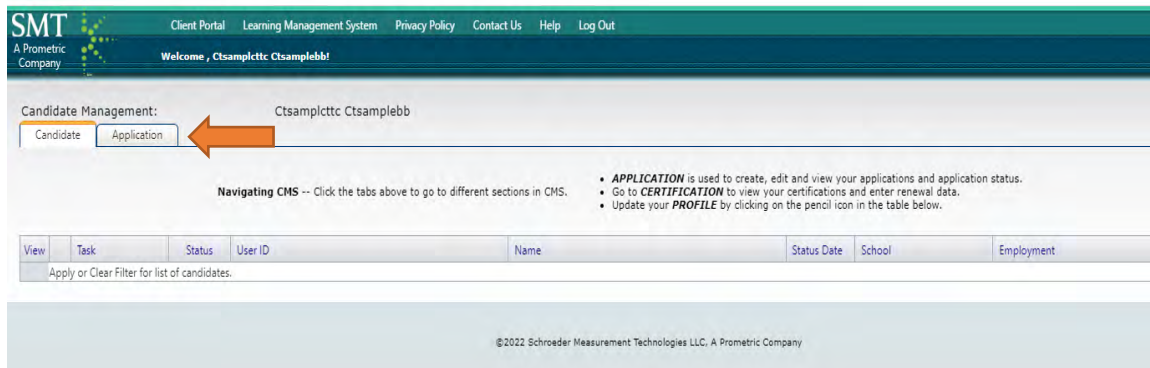
- You will need to select the Connecticut Barbers and Hairdressers from the dropdown box and also enter your password. Once you have entered the required information, you will click the “Log In” button.



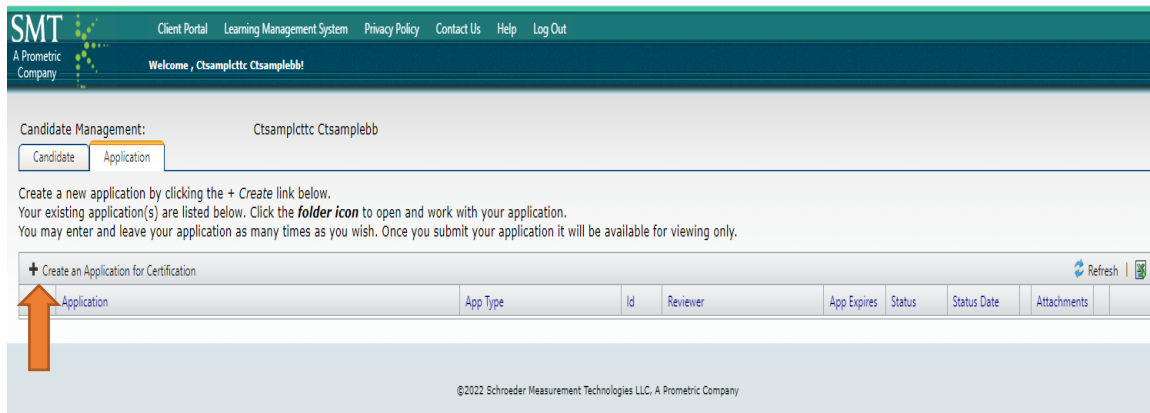
6. This will bring you to your dashboard.



7. You will click on the application Tab.



8. Click the Create an Application for Certification.



Prometric/IQT Testing – Connecticut Barber and Cosmetology Handbook

9. You will select the CTCB CT Cosmetology and Barber Application.

Welcome, Ctsamplcttc: Ctsamplebb

Candidate Management: Ctsamplcttc: Ctsamplebb

Application

Create a new application by clicking the + Create link below.
Your existing application(s) are listed below. Click the **folder icon** to open and work with your application.
You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

+ Create an Application for Certification

Open	Application	App Type	Id	Reviewer	App Expires	Status	Status Date
------	-------------	----------	----	----------	-------------	--------	-------------

Please Note: To renew a certification, click on the Certification tab.

Your available new applications are listed below. Please select an application.
After saving your selection, your new application will appear in your application grid.

Application:

Cancel Save

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10. Click the Save button.

Welcome, Ctsamplcttc: Ctsamplebb

Candidate Management: Ctsamplcttc: Ctsamplebb

Application

Create a new application by clicking the + Create link below.
Your existing application(s) are listed below. Click the **folder icon** to open and work with your application.
You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

+ Create an Application for Certification

Open	Application	App Type	Id	Reviewer	App Expires	Status	Status Date	Attachments
------	-------------	----------	----	----------	-------------	--------	-------------	-------------

Please Note: To renew a certification, click on the Certification tab.

Your available new applications are listed below. Please select an application.
After saving your selection, your new application will appear in your application grid.

Application:

Cancel Save

11. This will bring you back to your dashboard with the application visible.

SMT
A Prometric Company

Client Portal Learning Management System Privacy Policy Contact Us Help Log Out

Welcome, Ctsamplcttc: Ctsamplebb

Candidate Management: Ctsamplcttc: Ctsamplebb

Application

+ Create an Application for Certification

Open	Application	App Type	Id	Reviewer	App Expires	Status	Status Date	Attachments
	CT Cosmetology and Barber Application - CTCB	Certification	823714			In Process	2/1/2022	

Refresh

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12. Click the Folder to the left of the application name.

The screenshot shows the SMT Candidate Management interface. At the top, there is a navigation bar with links for Client Portal, Learning Management System, Privacy Policy, Contact Us, Help, and Log Out. Below this, the user is logged in as 'Ctsamplcttc Ctsamplebb'. The interface has two tabs: 'Candidate' and 'Application'. A table lists applications, with one entry: 'CT Cosmetology and Barber Application - CTCB'. An orange arrow points to a folder icon next to this application name. The table has columns for Open, Application, App Type, Id, Reviewer, App Expires, Status, Status Date, Attachments, and a Refresh button.

Open	Application	App Type	Id	Reviewer	App Expires	Status	Status Date	Attachments	
	CT Cosmetology and Barber Application - CTCB	Certification	823714			In Process	2/1/2022		

13. Complete each tab in its entirety. Once you submit the application, you will receive a Candidate Authorization to Test Notification email with instructions to schedule your exam.

Exam Scheduling

Candidate Authorization to Test Notification

Once your application is successfully submitted, you will receive an “Authorization to Test” email notification will be emailed to the email on file. A sample of the email is as follows:

From: registrations@isoqualitytesting.com
Sent: Tuesday, January 20, 2022 5:33 PM
To: Sample Candidate
Subject: Iso-Quality Testing: Connecticut Cosmetology Exam

AUTHORIZATION TO TEST

Tuesday, January 22, 2022

Dear Sample Candidate,

You have been approved to make an appointment to sit for your examination. Please proceed as follows:

- 1 -- Go to our home page: www.IQTTesting.com
- 2 -- Using the option "Examination Registration"
Enter your Username and Password to login. These are:

UserID: Samplecandidate@yahoo.com
Password: NZWwUWBKA

- 3 -- Select the Organization: Connecticut Barbers and Hairdressers
Select the Exam: Cosmetology Theory CT

After logging in, please follow the on-screen instructions for making an appointment.

Please note that you must test within this date range: 01/23/2020 to 01/23/2021.

Should you require assistance, you can email us at SMT-OperationsTeam@prometric.com, or you may call (toll free in USA and Canada) 866-773-1114.

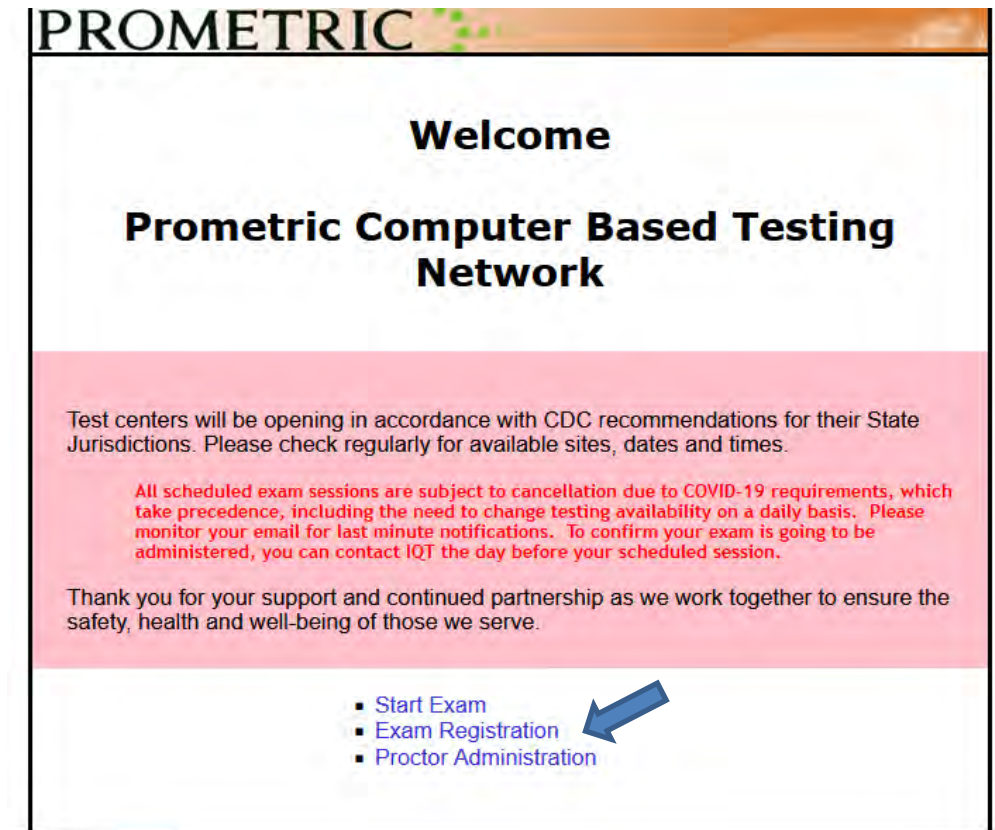
Sincerely,

Registrations@isoqualitytesting.com
Iso Quality Testing, Inc.

Candidate Exam Scheduling Process

Once you receive your email authorization to test, you will go online to schedule your theory examination on the date and time that is convenient, based on the availability of the testing center of your choice using the following processes:

1. Go to www.IQTTesting.com and select the option “Exam Registration”



2. Enter the “User ID” and “Password” located on the “Authorization to Test” email.

EXAM REGISTRATION

Welcome To IQT Testing!

Login

UserID: NICSample@Sample.com

Password: [masked]

Login

If you do not have a login, click [Register](#).
If you have misplaced your login, please call ISO Quality Testing at 866-773-1114.
Note that your password must be entered with the correct case.
If you have forgotten your password please click [Here](#)

ISO-QUALITY TESTING, INC. IQT Home
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3. Click “Login”. This will redirect to the “Organization” and “Exam” screen. The candidate specific “Organization” and “Exam” will automatically populate in the drop-down fields.

EXAM REGISTRATION

Please select your Organization and Exam.

Organization Show All Organizations

NIC CT. . . Connecticut Barbers and Hairdressers

Exam

Cosmetology CT

Next

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4. Click on “Next”, which will complete the log in process. The system will automatically redirect to the candidate profile information screen.
5. Candidate Profile Information: The “Candidate Profile Information Screen” will automatically populate with your candidate specific information completed on the application. **All candidate information must be verified correct before proceeding.**

EXAM REGISTRATION

Candidate Profile Information

This information is provided to your organization and may be used for official correspondence and certificates.
This information must also exactly match the identification you will be required to show the test center administrator prior to testing.

Required Field

First Name	Sample	Home Phone	555-555-1212
Middle Name		Work Phone	
Last Name	Sample	Email Address	Sample1234@smttest.com
Address1	123 Sample		
Address2			
City	Sample		
State/Province	Alabama		
Country	United States		
Postal Code	27526		

[Log Out](#) [Change Login](#)

Please make sure the above information is correct before clicking Next.

a. Candidate First Name, Last Name and Email address: These fields are locked and cannot be changed by the candidate once the application is submitted. If the candidate needs to make changes to the email address or the First or Last Name, they will need to contact the Operations Team at SMT-OperationsTeam@prometric.com a **minimum of 10 days prior to the scheduled exam**, as this information must match when presented during the check-in process on the day of their exam.

b. Candidate Address and Telephone Number(s): These fields are not locked and can be changed by the candidate. It is recommended that the candidate provide their phone number in the event they need to be contacted the day of their exam.

- c. Once the candidate profile information is confirmed, click “Next”.

The screenshot shows the 'EXAM REGISTRATION' page with the 'Candidate Profile Information' section. The form contains several input fields: First Name (sampledemoCT), Middle Name, Last Name (sampledemoCT), Address1 (123 Main St), Address2, City (Hartford), State/Province (Connecticut), Country (United States), and Postal Code (06101). On the right side, there are fields for Home Phone (727-777-7777), Work Phone, and Email Address (sampledemoCT@smtest.com). A 'Required Field' icon is present above the first name field. Below the form, there are links for 'Log Out' and 'Change Login'. A blue arrow points to the 'Next' button, which is highlighted. A red text box at the bottom left of the form area says: 'Please make sure the above information is correct before clicking Next.'

6. Exam Location, Date and Time Selection screen: The exam site will default to the closest testing center with availability based on the candidate’s Zip Code. The start date, zip code or city can be changed by typing the information into the applicable field and clicking on “go”. It is a requirement to choose the desired exam date and time, based on the dates and times available. Once the desired date and time is selected, the candidate will click “Next”

The screenshot shows the 'EXAM REGISTRATION' page with the 'Exam - Cosmetology CT' section. It displays 'Test Centers' (6.1 miles - Hartford - Glastonbur GLASTONBURY CT USA // 655 Winding Bro) and 'Exam Times' (11 Feb 2022 - Fri 9:00am). Below this is the 'Search Parameters' section with fields for 'Start Date' (2/7/2022), 'Country' (United States USA), 'State' (Connecticut), 'Zip Code' (06101), and 'City' (Hartford). Each of these fields has a 'Go' button next to it. A blue arrow points to the 'Next' button at the bottom of the form. A red text box below the search parameters says: 'Change date to reflect date you would like to test. From Start Date, the first 50 session of a test center's available exam times are shown in the Exam Times box above. Filter the results by using this section. Click the button GO immediately after the input area to refresh the results.'

- You will be required to pay for the examination fees before the finalizing the registration. The payment methods available are Credit Card: (MasterCard, Visa or Amex) or by check. If your school issues vouchers, you can also pay for your exam using the voucher number provided by your school.

The following represents the **payment** screen.

EXAM REGISTRATION

Exam - Cosmetology CT

Required.

[Click here for IQT's Credit Card Policies](#)

Card's name or billing address differs.

Examination Fee: \$65.00

Currency: USD

Payment Type: <select a payment type>

Credit Card #

Expiration Date: -1

Secure Code

Name (as on card): sampledemoCT sampledemoCT

Address: 123 Main St

City: Hartford

State/Province: Connecticut

Country: United States

Postal Code: 06101

You will not be charged until you click the Submit button on that page.

Next Cancel

Once the payment information is complete, you will click on next to confirm the purchase and complete the scheduling of their examination.

- Examination Registration Confirmation: You are required to agree to the terms before the registration is complete. Once you submit the exam registration, you can only reschedule their examination by paying a \$25.00 fee. It is important to note you are not permitted to reschedule or cancel after the date provided at the bottom of the confirmation and agreement page.

EXAM REGISTRATION

Confirm Your Registration Selections
Cosmetology CT

Candidate:
sampledemoCT sampledemoCT [edit](#)
123 Main St
Hartford, CT 06101
United States
sampledemoCT@smttest.com
727-777-7777 (home)

Exam Time:
Thursday, February 24, 2022 1:30 PM
(90minutes)

Location: [Reschedule](#)
Connecticut Certification Board
55 West Main Street, Suite 202
Meriden, CT 06451
United States

I agree to the: IQT Agreement.

Note: This examination may not be rescheduled or cancelled after Feb 18 2022.

I understand by clicking on "Submit" that I may be required to pay a rescheduling or cancellation fee to process my request. Please verify the above information is accurate prior to clicking Submit.

Submit Cancel

ISO-QUALITY TESTING, INC. Registration Home Contact
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9. The terms must be agreed and click “submit”.
10. Candidate Exam Registration Receipt and Admission Document: Once the exam is scheduled, an “Admission Letter” will be simultaneously generated and automatically pops up onto the screen to be printed. **The admission letter must be printed and submitted along with the proper credentials at the time of the examination.**

SAMPLE EXAM REGISTRATION RECEIPT



The image shows a screenshot of an "EXAM REGISTRATION RECEIPT" page. At the top, the title "EXAM REGISTRATION RECEIPT" is displayed in blue and orange text. Below the title, there is a black redaction box. A red heading "!!! IMPORTANT !!!" is followed by a red warning: "You must bring your Candidate Admission Letter with you on the day of your exam. If you do not you will be denied entry to your scheduled exam, and any fees paid will be forfeited." Below this, the labels "Candidate:", "Exam Time:", and "Location:" are shown in red, with their corresponding information redacted by a large black box. A blue link "You have consented to the IQT Examination Agreement." is present. Two red notes are included: "Note: This examination may not be rescheduled or cancelled after Fri 8:30am on Aug 7, 2020." and "Note that this receipt has been automatically emailed to you." At the bottom, there are two buttons: "Home" and "Print Receipt".

11. In conjunction with the admission letter popping up on the screen, an email is simultaneously sent and includes a link to the admission letter, receipt and instructions.

From: registrations@isoqualitytesting.com [registrations@isoqualitytesting.com]
Sent: Sunday, November 20, 2021 5:10 PM
To: [Sample](#) Candidate
Subject: IQT Examination Registration Receipt: Cosmetology Theory CT

Sunday, November 20, 2021

Dear Sample Candidate,

You have successfully registered for the Cosmetology CT examination. Please use the hyperlink below to display and print your receipt and Candidate Admission Letter.

!!! IMPORTANT !!! IMPORTANT !!! IMPORTANT !!!
You must bring your Candidate Admission Letter with you on the day of your exam. If you do not you will be denied entry to your scheduled exam, and any fees paid will be forfeited.

In order to begin the examination, you will need the UserID and Passcode provided on the receipt below.

https://www.iqtesting.com/Default.aspx?Function=Receipt&ID=SampleCandidate_814170_R8ZJCyep9FjU

Note that if your email program has broken the hyperlink, clicking it will no longer work to take you to your receipt. To fix this:

- 1) Copy and paste the full hyperlink into Window's Notepad program.
- 2) Edit the link so that it is one line again.
- 3) Paste the repaired hyperlink into the browser's address box and press Enter on your keyboard.

Should you require assistance, you may call (toll-free in USA and Canada) 1-866-773-1114

Sincerely,

Iso-Quality Testing, Inc.

Reschedule/Cancellation/No-Show Policies and Fees

The cancellation, reschedule and no-show fees are outlined below. The deadline date is provided to you when scheduling your exam and is also listed on your admission letter.

Candidate Rescheduling/Cancellation with required notice - \$25.00

Without an approved excuse, which includes death of an immediate family member, active military orders, jury duty, or a doctor's excuse (on the medical facility letterhead), a candidate wishing to cancel or reschedule a scheduled examination five (5) or more calendar days prior to their scheduled examination date, excluding the date of the examination, the indicated fee will be charged.

Candidate Rescheduling/Cancellation without required noticed – Full Test Administration Fee

Candidates are not permitted to reschedule or cancel a scheduled examination less than five (5) calendar days prior to their scheduled examination, without an approved excuse. If a candidate fails to appear for their scheduled examination, comes to the test center without proper ID, and/or the proper admission letter, the candidate will forfeit the full applicable testing fee.

No Show Fee– Full Test Administration Fee

If a candidate fails to appear at the designated CBT testing location on their scheduled date and time, or is unable to sit for the examination due to their failure to adhere to established protocols, the candidate will forfeit the full applicable testing fee.

Cancellation and Reschedule Policies

If it is less than (5) calendar days, you will not be allowed to cancel or reschedule your exam unless the following four situations have occurred:

- Jury Duty
- Death in the immediate family
- Military Deployment
- Sickness

The immediate family is defined as a person's grandparents, parents, spouses, siblings and children. If you experience any of the above, you MUST provide IQT with proper documentation before being rescheduled to a new date. Documentation must be submitted to IQT within 10 calendar days of your missed examination or it will not be considered for a reschedule.

If none of the above are the reason for wanting to reschedule or cancel your exam less than 5 days prior to your scheduled exam date, then you will not be allowed to reschedule or cancel your exam and if you do not show up, you will be considered a "No Show", your examination fees will be forfeited.

If it is necessary to cancel or reschedule your exam, it is recommended that you log into your account.

- Go to www.IQTTesting.com
- Click “EXAM REGISTRATION”
- Enter your “UserID” and “Password” which is located on the “Authorization to Test” email
- Confirm the correct Organization and Exams are correct and click “next”
- Candidate Profile – Confirm all information is still correct and click “next”
- On the right hand side of the Registration page, click edit or cancel.

If you are within your reschedule window (as listed on your admission letter) and unable to reschedule online, please email us at SMT-OperationsTeam@prometric.com or call 866-773-1114. Please note, emails and voicemails are not acceptable methods of cancellation.

No Show Policy

You will be considered a "No-Show", you will not be allowed to sit for your exam, examination fees will be forfeited, and you will be required to submit new application and fees prior to sitting for the exam under the following circumstances:

- Failure to arrive and check in for your examination at the scheduled time
- Do not cancel your appointment 5 days prior to the exam date (as listed on your admission letter)
- You do not provide proper valid non-expired identification as listed on your admission letter
- Do not have your admission document

Candidates Needing ADA Accommodations

Reasonable accommodations as covered under the Americans with Disabilities Act (ADA) shall be addressed with guidance from the individual’s education plan and physician documentation. Connecticut candidates requiring ADA accommodations must submit their ADA documentation within the Application process outlined at the beginning of this manual. All ADA documentation must be approved and submitted to Prometric/IQT prior to the candidate being preregistered for their exam. Once the documentation is reviewed and approved, you will receive an email with information to schedule your exam with the ADA Coordinator.

Candidate Exam Preparation

Candidate Information Bulletins (CIBs) have been specifically developed to encompass the content outlines of the Connecticut theory examinations. The Connecticut Candidate Information Bulletins (CIBs) CIBs are contained within this manual and can be accessed on the following website:

<https://www.prometric.com/test-takers/search/connecticut>

Theory Candidate Testing Experience

The information outlined in the following sections relates to the process the candidates will experience when taking their theory examination.

What to Expect

The following links provide information containing a detailed overview of what to expect during your upcoming visit to a Prometric test center, so that you will feel more prepared and more confident in your testing experience.

<https://www.prometric.com/test-takers/what-expect>

<https://www.prometric.com/test-center-security>

Misconduct or Disruptive Behavior

Candidates who engage in any kind of misconduct or disruptive or offensive behavior may be dismissed from the examination. Examples are: giving or receiving help, taking part in an act of impersonation, removing test materials or notes from the testing room, using rude or offensive language and behavior that delays or interrupts testing.

Secure Candidate Check-in Process

At the point of check-in, the candidates' appearance and identity is documented and validated to include:

- Candidate must bring printed admission letter
- Candidate must bring two forms of valid ID as outlined in the admission letter
- Candidate's picture will be taken at the testing center
- Candidate will need to follow the individual test center policies and procedures, which may include a security wand check.

Identification Requirements

All candidates must present a valid, government-issued photo ID with a signature to be admitted to the exam. To be valid, the ID may not be expired, and the photo must match the candidate as well as the name in the Roster/Admission Letter.

Candidates must register for the exam with their LEGAL FIRST and LAST NAME as it appears on their government issued identification. All required identification below must match the first and last name under which the candidate is registered. Candidates are required to bring two (2) forms of valid (non-expired) proofs of identity to the test site. If the candidate fails to bring proper identification or the candidate names do not match, the candidate will not be allowed to test and their examination fee will not be refunded.

PRIMARY IDENTIFICATION - A current, valid, government -issued photo identification card with signature, (such as a driver's license, passport, state-issued identification card or military identification card).

Candidate Admission Letter

Every candidate must have a **printed copy of their Admission Letter as previously noted.**

Electronic copies that they may pull up on their phone or tablet not acceptable. It is the candidate's responsibility to be aware of the testing requirements found in the admission letter, prior to his/her arrival to the scheduled examination. The admission letter includes:

- Candidate's name, address and contact information
- Exam facilities location
- Scheduled date and time
- Prometric/IQT's policies on:
 - Changing candidates information
 - No shows and rescheduling
 - Valid form of identification
 - Inclement weather
 - Examination security
- User ID and Passcode necessary to participate in the exam
- Authorized materials list (There are no authorized materials for the theory exams)
- Exam Registration receipt

Due to security issues, Prometric/IQT will not send the admission letter to any email other than the address listed on the candidate's account. It is the candidates' responsibility to provide their admission letter on the day of testing. The Admission letter provides clear instructions on the candidate's responsibilities. If a candidate forgets the letter and does not have login information or an accessible email address on file with Prometric/IQT, he/she will not be permitted to test.

Prohibited Items / Articles

Possession and/or access to the following items are strictly prohibited and will NOT be permitted in the testing room:

1. Wrist watches or any other type of time keeping device;
2. Electronic devices of any kind;
3. Headphones, headsets, ear phones, ear buds, or Blue Tooth capable devices;
4. Notes, papers, books, exam review, or other study materials in any format or media;
5. Electronic media;
6. Handbags, purses, backpacks, briefcases, tote bags, or bags of any kind;
7. Pens, pencils, markers, or highlighters of any kind;
8. Hats, baseball caps, or visors (religious apparel that does not contain a brim or obscure the applicant's facial features is permitted).

Prometric will not be responsible for any personal items. It is recommended that you do not bring personal items or leave them locked in your car out of view.

Visitors

Candidates are not allowed to receive any kind of visitors or receive messages during the examinations, under any circumstances. People who are not scheduled for an examination are not permitted inside of the building where the exams are administered. If another person (parent, spouse, teacher etc.) is bringing you to your exam, you must be dropped off and they can return to pick you up. The approximate amount of time for each exam is indicated on your admission letter. Your driver should wait in their vehicle until you are done and have exited the building.

Demonstration (Sample) Exam

This section contains information regarding the candidate experience when taking the theory exam with Prometric/IQT. This provides candidates an understanding of all steps related to their experience and what they may encounter.

To take a demonstration test to experience how Prometric’s IQT computer-based test system works, please click here or go to:

<https://www.iqttesting.com/ExamV2008/Default.aspx?Function=SampleExam&Exam=8>.

Once candidates are checked in and logged into their exam, the first screen will be the Pre-amble screen. This should be read by the candidate in its entirety, as it offers important information needed in preparation of the examination such as the length of the exam and the number of questions. The Pre-amble will change according to the exam the candidate is registered. Once the candidate understands the content in this section, he/she will click on “Begin Tutorial” on the lower left corner.

Name: Sample FirstName Sample LastName
Exam: SMT Sample Secure Exam A

Welcome to the Schroeder Measurement Technologies, Inc. and Iso-Quality Testing Computer Testing system.
This is a demonstration of the testing system. When you begin your examination, this Preamble screen will provide an introduction to the exam including information related to the number of items, item format, time limitations, and any other special instructions.
The questions presented in this sample are intended for demonstration purposes only and are not indicative of any actual examination content. The questions are designed to allow you to familiarize your self with the format and functionality of the testing system. In order to move forward through the demonstration, you are required to answer each question.



Begin Tutorial...

The tutorial will go over the functions of the examination with the same style and format of the actual exam as shown below. Candidates must demonstrate knowing how the system works by completing the tutorial. Each question must be answered correctly before moving to the next question; otherwise a red box will appear at the bottom left corner, stating the answer was incorrect. The candidates will get a total of 7 questions and 5 minutes to complete the tutorial, which does not affect the time of the actual exam. When candidates answer the last question, a notice will appear that he/she is on the last

question. This is only to notify that all questions have been answered, thus not ending the exam. It is important to understand that candidates must be the ones to choose and click on the items. Once all questions are answered, the candidate will click on “End Tutorial”.



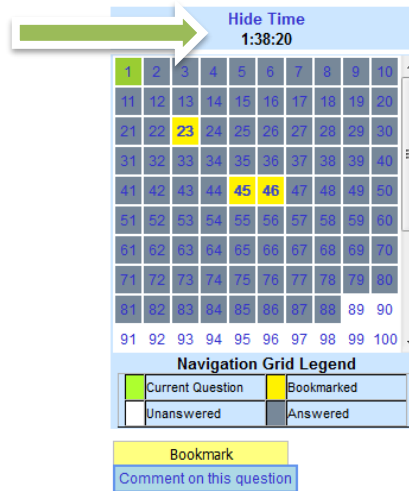
After the tutorial is complete, the candidate will begin their theory exam. During the exam the candidates will have the ability of skipping, bookmarking or commenting on any question:

- **Skipping** – A candidate may choose to leave a question unanswered and come back to it at the end of the exam. This can be achieved by clicking on another question on the navigation grid, or by clicking on the next arrow in the bottom left of the screen.
- **Bookmarking** – When a question is answered and the candidate is not completely certain and would like to come back to it, the question can be bookmarked.
 - Only a question that has been answered can be bookmarked, otherwise the question should be skipped.
- **Commenting** – This function provides the ability to comment on any question that presents irregularities identified by the candidate. All comments are reviewed by the credentialing organization in efforts to improve the exam.

The testing system was designed with the idea that internet interruptions may happen at any given time; as so, all responses, time, bookmarks and comments are saved as candidates answered them. If any interruption were to occur, the candidate’s exam would be reinstated to where they left off, before the interruption occurred.

The candidate will have a navigation grid on the right side of the screen. This will display the bookmarking and comment question options, as well as the time remaining in the exam. The candidate may navigate through the exam by clicking on the arrows on the lower left corner or by clicking on the question they choose to go to on the grid. If the candidate would like to hide the time, this can also be done on the navigation grid by clicking on “Hide Time” as shown below. The navigation grid will display:

- Current question in green
- Bookmarked questions in yellow
- Answered questions in gray
- Unanswered questions in white



When the candidate is finished with the exam, he/she can review all the questions by selecting them on the grid, if there is time remaining. If not, the candidate will get a notice that the candidate is out of time and it will end the exam. If the candidate is done before the time expires, they will receive a notification where they must assure that they would in fact like to end the exam. Once this is confirmed, the candidate will be prompted to the end of exam survey (optional) that will allow them to grade the experience in regards to the testing center and the actual exam as shown below.

Post Exam Information

Examination Results

A score of 70 percent or above is required to pass the exam. Your exam result letter will provide you with the next step in the licensure process. Be advised that passing the exam is just one component of the requirements necessary in obtaining a license. The Department has sole responsibility for making final licensing decisions.

If you do not pass your exam, you will automatically be reregistered to retake your exam. You will be required to schedule and repay your exam fees.

Appeals Process

Our goal is to provide a quality exam and a pleasant testing experience for every candidate. If you are dissatisfied with either and believe we can correct the problem, we would like to hear from you. We provide an opportunity for general comments at the end of your exam. Your comments will be reviewed by our personnel, but you will not receive a direct response. If you would like to submit an appeal concerning examination content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal by visiting www.prometric.com/contactus. The Appeals Committee will review your concern and send you a written response within 20 business days of receipt.

Examination Site Closing For Emergencies

Severe weather or an emergency could require canceling scheduled exams. If this occurs, Prometric/IQT will attempt to contact you. However, you may check for test site closures by contacting us at Prometric/IQT. If the site is closed, your exams will be rescheduled without a rescheduling fee. If a test center is open for testing and you choose not to appear for your appointment, you will forfeit your fee.

Contact Us

For Questions about Exams:

Prometric/Iso-Quality Testing (IQT)/SMT is owned and operated by Prometric, LLC, which is located in Clearwater, Florida. If you need assistance, please be sure to refer to our direct contact information (email) SMT-OperationsTeam@prometric.com or call 866-773-1114.

For Questions about Licensing:

Connecticut Department of Public Health
Examining Board for Barbers, Hairdressers and Cosmeticians
410 Capitol Avenue MS#13PHO
Hartford, CT 06134
Phone: 860.509.7603, menu option 6
www.ct.gov/dph/cwp/view.asp?a=3143&q=388878

Cosmetology Candidate Information Bulletin

NATIONAL COSMETOLOGY THEORY EXAMINATION CANDIDATE INFORMATION BULLETIN (CIB)

The National Cosmetology Theory Examination is the licensure examination for Cosmetologists. This bulletin contains IMPORTANT INFORMATION regarding the examination, including content outline covered by the theory examination, sample questions and answers. The time allowed for the Cosmetology Theory Examination is 90 minutes.

PLEASE REVIEW ALL INFORMATION CAREFULLY.

IMPORTANT INSTRUCTIONS

- Do not leave the examination area without permission. Permission must be obtained to leave the examination area for any reason, including restroom usage or at the completion of the examination. Picture ID is required for re-entry into the examination.
- With the exception of verbal instructions, the proctors and examination administration personnel are not allowed to communicate with candidates.
- If you have an emergency situation please notify the proctor.
- The following provides examples of materials and actions that are prohibited during the examination administration:
 - Possession of cellular phones, watches (of any kind), pagers, tablets, computers, projectors, cameras, or any other electronic or recording devices, printed materials, or handtheory notes.
 - Communicating to other candidates.
 - Exhibiting disruptive behavior.
 - *The above referenced items or actions are not an exhaustive list. Failure to comply with any of these conditions or exhibiting ANY behavior that suggests an effort to cheat will result in your immediate dismissal from the examination and your actions reported to the proper authorities.*

The following outlines the scope of content covered by the National Cosmetology Theory Examination. The percentages represent the percentage of items from each domain. The examination is comprised of 110 items of which 100 items are weighted and contribute to the candidate's final score.

DOMAIN 1: SCIENTIFIC CONCEPTS (30%)

A. Infection Control and Safety Practices

1. Identify how disease and infection are caused and transmitted
2. Recognize purpose and/or effects of infection control principles
 - a. Levels of infection control:
 - i. Sanitation/Cleaning
 - ii. Disinfection
 - iii. Sterilization
 - b. Process of infection control:
 - i. Recognize when cross-contamination occurs
 - ii. Prevention of cross-contamination
 - iii. Differentiate between the purpose of single- and multi-use tools

3. Apply blood contact procedures
 4. Identify requirements of government agencies:
 - a. OSHA standards
 - b. EPA
- B. Human Anatomy and Physiology
1. Identify function and structure of the:
 - a. Hair and scalp
 - b. Skin
 - c. Nails
 2. Identify signs and symptoms of conditions, disorders, and diseases related to:
 - a. Hair and scalp
 - b. Skin
 - c. Nails
 3. Identify muscles and joints and their functions related to:
 - a. Head and face
 - b. Arms and hands
 - c. Legs and feet
 4. Identify functions of:
 - a. Nervous system
 - b. Circulatory system

C. Basic Chemistry of Products Used in Cosmetology

1. Recognize purpose and effects of products and ingredients
2. Recognize interaction between chemicals
3. Recognize physical interactions with chemicals
4. Recognize chemical reactions (e.g., overexposure, chemical burn)
5. Recognize the chemical pH scale

DOMAIN 2: HAIR CARE AND SERVICES (40%)

A. Client Consultation, Analysis and Documentation for Hair Care Services

1. Evaluate condition of client's hair and scalp (i.e., assessment)
2. Recognize conditions that would prohibit service (i.e., contraindications)
3. Determine services or products
4. Recognize purpose and interpret results of preliminary tests (e.g., predisposition and strand tests)
5. Establish/Maintain client records (e.g., service history, client card, medical history)

B. Tools used in Hair Care Services

1. Identify function, purpose and infection control procedures of tools used in hair services:
 - a. Equipment (e.g., chair, workstation)
 - b. Implements (e.g., razors, shears, combs/brushes)
 - c. Supplies and materials (e.g., towels, drape, neck strips)
 - d. Electrical tools (e.g. irons, blow dryers, clippers)
 - e. Proper disinfection procedures
2. Recognize safe practices for use of tools (i.e., equipment, implements, supplies, ergonomics)

C. Hair Care

1. Apply knowledge of principles and procedures for shampooing and conditioning

2. Apply knowledge of principles and procedures for scalp treatments and scalp massage
3. Apply knowledge of draping (e.g. chemical, shampoo, cutting)

D. Hair Design

1. Apply knowledge of principles, procedures and safety of hair cutting and shaping
2. Apply knowledge of principles, procedures and safety of hair styling:
 - a. Wet styling
 - b. Thermal styling
 - c. Natural hair styling (e.g., braiding)
3. Apply knowledge of principles, procedures and safety related to hair enhancements:
 - a. Extension application and removal:
 - i. Braid and sew attachment
 - ii. Bonding
 - iii. Fusion bonding
 - iv. Tube shrinking
 - v. Linking
4. Apply principles of balance and design (e.g. facial shape, physical structure)

E. Chemical Services

1. Apply knowledge of principles, procedures and safety for:
 - a. Hair coloring (including corrective color)
 - b. Hair lightening
 - c. Foiling
 - d. Chemical hair relaxing/restructuring and curl reduction
 - i. Hydroxide
 - ii. Thio
 - iii. Keratin
 - e. Chemical waving/texturizing:
 - i. Alkaline
 - ii. Acid
 - iii. Non-thio
 - iv. Keratin

DOMAIN 3: SKIN CARE AND SERVICES (15%)

A. Client Consultation, Analysis and Documentation for Skin Care Services

1. Evaluate condition of client's skin:
 - a. Skin type
 - b. Skin condition
2. Identify contraindications:
 - a. Disorders
 - b. Diseases
3. Determine services and products
4. Establish/Maintain client records (e.g., service history, client card, medical history)

B. Tools used for skin care services

1. Identify function, purpose and infection control procedures of tools:
 - a. Equipment (e.g., chair, steamer)
 - b. Implements (e.g., tweezers, brushes, extractors)
 - c. Supplies, products, and materials (e.g., creams, masks, towels, body and hair)

drapes)

- d. Proper disinfection procedures
2. Recognize and understand safe practices for use of tools (i.e., equipment, implements, supplies, and ergonomics)

C. Facial skin care services

1. Apply knowledge of principles, procedures and safety for:
 - a. Cleansing
 - b. Steaming
 - c. Exfoliation
 - d. Extraction
 - e. Massage
 - f. Masks
 - g. Hair Removal:
 - i. Tweezing
 - ii. Depilatory
 - iii. Hard wax
 - iv. Soft wax
 - h. Makeup application
 - i. Electrical equipment

DOMAIN 4: NAIL CARE AND SERVICES (15%)

A. Client Consultation, Analysis and Documentation for nail care services

1. Evaluate condition of client's nails
2. Identify contraindications:
 - a. Disorders
 - b. Diseases
3. Determine services and products
4. Establish/Maintain client records (e.g., service history, client card, medical history)

B. Tools used in nail care services

1. Identify function, purpose and infection control procedures of tools:
 - a. Equipment (e.g., workstation, pedicure basin)
 - b. Implements (e.g., nippers, file)

c. Supplies, products, and materials (e.g., towels, creams, polish)

- d. Proper disinfection procedures
2. Recognize and understand safe practices for use of tools (i.e., equipment, implements, supplies, and ergonomics)

C. Apply knowledge of principles, procedures and safety for basic manicure and pedicure

D. Apply knowledge of principles, procedures and safety for application, maintenance, and removal of nail enhancements:

1. Nail tips
2. Acrylics

COSMETOLOGY THEORY EXAMINATION
SAMPLE QUESTIONS

The following sample questions are similar to those presented in the Cosmetology Theory Examination. Each item has four answer options. Only one option is correct or the answer. An answer key is provided following the sample questions. Performance on the sample questions may not represent performance on the examination.

1. Which of the following will reinforce and reconstruct the hair shaft?
(A) Scalp treatment
(B) Balancing shampoo
(C) Hair brushing
(D) Protein conditioner

2. When damaged, which of the following will cause the hair growth to be inhibited?
(A) Papilla
(B) Shaft
(C) Cuticle
(D) Arrector pili

3. A condition caused by an infestation of head lice is
(A) tinea barbae.
(B) scabies.
(C) pediculous capitalis.
(D) tinea capitis.

4. Debris is removed from tools and implements using which of the following procedures?
(A) Cleaning
(B) Disinfection
(C) Sterilization
(D) Decontamination

5. What implement adds shine and smooths wavy ridges on the natural nail during a manicure?
(A) Coarse file
(B) Metal file
(C) Nail brush
(D) Nail buffer

6. What is another name for the dermis layer of the skin?
(A) Spiny layer
(B) Horny layer
(C) True skin
(D) Basal cell

7. The massage movement intended to soothe muscles is
(A) petrissage.
(B) tapotement.
(C) friction.
(D) effleurage.

8. What product can be used to equalize the porosity of the hair?
(A) Shampoo
(B) Fillers
(C) Lightener
(D) Developer

KEY: 1: D, 2: A, 3: C, 4: A, 5: D, 6: C, 7: D, 8: B

**NATIONAL BARBER STYLING
THEORY EXAMINATION
CANDIDATE INFORMATION BULLETIN (CIB)**

The National Barber Styling Theory Examination is the licensure examination for Barber Stylists. This bulletin contains IMPORTANT INFORMATION regarding the examination, including content outline covered by the theory examination, sample questions and answers, and references. The time allowed for the Barber Styling Theory Examination is 90 minutes.

PLEASE REVIEW ALL INFORMATION CAREFULLY.

IMPORTANT INSTRUCTIONS

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 - Communicating to other candidates.
 - Exhibiting disruptive behavior.
 - *The above referenced items or actions are not an exhaustive list. Failure to comply with any of these conditions or exhibiting ANY behavior that suggests an effort to cheat will result in your immediate dismissal from the examination and your actions reported to the proper authorities.*

The following outlines the scope of content covered by the National Barber Styling Theory Examination. The percentages represent the percentage of items from each domain. The examination is comprised of 110 items of which 100 items are weighted and contribute to the candidate’s final score.

1. Scientific Concepts - 35%

A. Infection Control and Safety Practices

1. Identify how disease and infection are caused and transmitted
2. Apply principles of infection control
 - a. Sanitation/Cleansing
 - b. Disinfection
 - c. Sterilization
 - d. Contamination and cross-contamination
3. Apply blood exposure procedures
4. Identify requirements of government agencies related to public protection (e.g., CDC, OSHA, EPA)

B. Human anatomy and physiology

1. Identify function and structure of the
 - a. Hair and scalp
 - b. Skin
2. Identify bones related to
 - a. Head and face

- b. Neck, shoulders, and upper back
- 3. Identify muscles and joints and their functions related to
 - a. Head and face
 - b. Neck, shoulders, and upper back
- 4. Understand the functions of body systems
 - a. Nervous system
 - b. Circulatory system
 - c. Endocrine system
 - d. Integumentary system
- C. Identify signs and symptoms of conditions, disorders, and diseases related to skin
 - 1. Types
 - 2. Treatments
- D. Identify signs and symptoms of conditions, disorders, and diseases related to hair
 - 1. Types
 - 2. Treatments
- E. Basic chemistry of products used in barbering
 - 1. Understand the chemical pH scale
 - 2. Understand purpose and effects of products, ingredients, and their interactions
 - 3. Understand interactions among chemicals
 - 4. Understand chemical reactions (e.g., overexposure, chemical burn, inhalation)

2. Implements and Equipment - 10%

- A. Identify function, purpose, and care of tools used in hair services
 - 1. Equipment (e.g., chair, workstation)
 - 2. Implements (e.g., razors, shears, combs/brushes)
 - 3. Supplies and materials (e.g., towels, drape, neck strips)
 - 4. Electrical tools (e.g., clippers, blow dryers)
 - B. Understand and apply safety and sanitation practices for use of implements and equipment
3. Hair Care Services - 40%
- A. Client consultation, analysis, and documentation for hair care services
 - 1. Analyze condition of client's hair and scalp (i.e., assessment)
 - 2. Recognize conditions that would prohibit service (i.e., contraindications)
 - 3. Determine services and/or products
 - 4. Document and maintain client records (e.g., consultation card, service history, medical history)
 - B. Hair Care
 - 1. Apply knowledge of draping (e.g., chemical, shampoo, haircutting)
 - 2. Apply knowledge of principles and procedures for shampooing and conditioning
 - 3. Apply knowledge of principles and procedures for scalp treatments and scalp massage/manipulation
 - C. Hair Design
 - 1. Apply knowledge of principles, procedures, and safety of haircutting
 - a. Shaping
 - b. Outlining
 - c. Neck shave
 - 2. Apply knowledge of principles, procedures, and safety of hair styling
 - a. Wet styling
 - b. Blow-dry styling
 - c. Thermal styling
 - d. Natural hair styling (e.g., braiding, locks)
 - 3. Apply knowledge of hair enhancement options
 - D. Apply knowledge of preparation, procedures, and safety for head shaving
 - E. Apply knowledge of principles, procedures, and safety for chemical services
 - 1. Understand preliminary tests (e.g., purposes, uses, applications):
 - a. Predisposition
 - b. Strand test
 - 2. Hair coloring (including facial hair)
 - 3. Hair lightening
 - 4. Foiling

5. Chemical hair relaxing/restructuring and curl reduction
 - a. Hydroxide
 - b. Thio
 - c. Keratin
 6. Chemical waving/texturizing:
 - a. Alkaline
 - b. Acid
 - c. Non-thio
4. Facial Hair and Skin Care Services - 15%
- A. Client consultation, analysis, and documentation for facial hair and skin care services
 1. Evaluate client's skin (e.g., type, condition)
 2. Identify contraindications:
 - a. Disorders
 - b. Diseases
 3. Determine services and/or products
 4. Document and maintain client records (e.g., consultation card, service history, medical history)
 - B. Apply knowledge of draping for facial hair and skin care services
 - C. Apply knowledge of principles, procedures, and safety for facial hair and skin care services
 1. Complete shave service with required strokes
 2. Facial hair design
 3. Facial (e.g., cleansing, steam towel, massage)
 4. Electrotherapy and light therapy
 - D. Apply knowledge of purpose and types of electrotherapy and light therapy

BARBER STYLING THEORY EXAMINATION SAMPLE QUESTIONS

The following sample questions are similar to those on the Barber Styling Theory Examination. Each question is followed by four answer options. Only one option is correct. Correct answers (keys) are listed following the sample questions.

1. Anthrax and tetanus bacilli form which type of spores?
 - a. Mitosis
 - b. Flagella
 - c. Spherical
 - d. Infectious

2. All French style shears
 - a. are cobalt metal.
 - b. have a finger brace.
 - c. are made in France.
 - d. have tight pivots.

3. Prior to a shaving service the headrest **MUST** be
 - a. washed and dried.
 - b. disinfected and covered.
 - c. washed and removed.
 - d. sanitized and sterilized.

4. To avoid damage to muscle tissue, the movements of a massage are directed
 - a. away from the origin of the muscle.
 - b. toward the origin of the muscle.
 - c. around the origin of the muscle.
 - d. above the origin of the muscle.

5. Which of the following can permanently relieve split ends?
 - a. Applying oil to the ends
 - b. Using a styling gel on the ends
 - c. Moistening the ends
 - d. Cutting the ends

6. The diameter of a single strand of hair is also called
 - a. growth pattern.
 - b. porosity.
 - c. density.
 - d. texture.

7. What should be performed **FIRST** before applying permanent haircolor?
 - a. Strand test
 - b. Patch test
 - c. Curl test
 - d. Texture test

8. Before sodium hydroxide processing, hair should be analyzed to determine its
 - a. acidity.
 - b. alkalinity.
 - c. texture, porosity, and elasticity.
 - d. density, color, and end bonds.

Answers		
1. c	4. b	7. b
2. b	5. d	8. c
3. b	6. d	

**Frank Manna
CT Dept of Health
410 Capital Ave
Hartford, CT. 06134**

**RE: Bravado Academy
190 State Street
New London, CT. 06320
860-447-2527
860-381-9727
kmurphy@bravadoacademy.com**

4/20/2022

LETTER OF INTENT

Dear Frank Manna,

Bravado Academy, located at 190 State Street in New London, CT.

Our Barber program's hours of operation are Monday to Saturday 9 a.m. to 3 p.m.

We are experiencing growth in our Barber enrollments, which is causing the need to add an additional site for barber training. Our desired space is 1289 Gold Star HWY, Groton, CT.

We will have no more than 15 students during a term. A term lasts 6-9 months. The 15 enrollments are made up of full-time and part-time students. Our staff includes two Barber instructors.

The skills that our acolytes will leave our school with will allow them to be prosperous, improving economic development.

Enclosed are the documents listed below per your request. We intend to begin class at this location starting **June 1, 2022**

My best form of contact is email. kmurphy@bravadoacademy.com

Warmly,

Kiesha Murphy

Enclosed are the following documents

- Letter of Intent

- List of Instructors That Includes Their Barber
- A Barber Curriculum
- Local Fire Marshal's Inspection Report
- Floor Plan
- Insurance certificate
- Zoning Approval
- Admission Application
- School Rules And Regulations
- Policies Governing Tuitions, Fees, Refunds and Contracts
- School Catalog
- Files Of Any Students to Be Enrolled in The School, If Applicable; NA
- Affidavit Of Hours Completed for Any Transfer Students to Be Enrolled in The School NA

STUDENT APPLICANT INFORMATION					
First Name:			Last Name:		
Address:					
City:		State:		Zip:	
Cell Phone:			Phone Carrier: (for software texting)		
Date of Birth:			Social Security:		
Email:					
EMPLOYMENT INFORMATION					
Current Employer:					
Employer Address:					
Phone:					
City:					
EMERGENCY CONTACT					
First Name:			Last Name:		
Address:				Phone:	
City:		State:		Zip:	
Relationship:					
PROGRAM INFORMATION					
Program You Are Interested in Studying: Barbering Cosmetology Refresher					
Are you a transfer student? Y N			Name of previous school?		
Do You Have Any Experience in This Field? Y N					
If Yes, Please Explain:					
Are you a licensed barber or Cosmetologist? Y N			State you are Licensed in?		
Date You Wish to Start Class:					
Do You Need Financial Assistance? Y N					
DEMOGRAPHICS					
Race		marital status			
Sex					
High school grad		education level			
Residence State		driver license			
DL state		veteran			
UNIFORM INFORMATION					
Two uniform shirts are included in program costs. Additional shirts may be purchased for a fee of \$30 each Shirt Size:					
Shirt Size					
Short Sleeve:	SM	MED	LG	XL	XXL
Long Sleeve:	SM	MED	LG	XL	XXL



State of Connecticut

Lookup Detail View

Name

Name
KIESHA M MURPHY

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status		Licensure Actions or Pending Charges
Barber	4667	09/30/2023	12/11/2013	KIESHA M MURPHY	ACTIVE	CURRENT	None

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State of Connecticut

Lookup Detail View

Name

Name
DANIEL GARCIA

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status		Licensure Actions or Pending Charges
Barber	4911	10/31/2023	10/20/2015	DANIEL GARCIA	ACTIVE	CURRENT	None

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BARBERING CURRICULUM

Minimum class size 4

Maximum class size 15

Students will follow the program curriculum by attending 150 theory hours online and 850 clinical hours will remain residentially only (onsite), which accumulates to 1000 hours to complete the program.

Content Area	Classroom Hours	Clinical Hours
Sanitation and Hygiene	15	20
Anatomy and Physiology	15	0
Chemical Procedures	30	100
Hair Care and Treatment	10	50
Skin Care/Facials and Manicuring	15	30
Hair Cutting (20), Styling (10) and Shaving (20)	50	640
Business and Professional Relations	10	10
State Laws for Barbers and EEOC Guidelines	5	0
Total	150	850

I. Sanitation and Hygiene

A. Hygiene and good grooming

1. Personal hygiene
2. Good grooming

B. Sanitation Procedures

1. Definition
2. Importance

3. Methods of sanitation
4. Related chemistry

C. Universal Precautions/Infection Control

1. Blood Borne Pathogens
2. Infectious Diseases (e.g., HIV, Hepatitis C)

II. Anatomy and Physiology

A. Properties and disorders of the skin

1. Structure, composition and function
2. Blood supply, nerves and muscle function
3. Growth and regeneration
4. Conditions, diseases and disorders
5. Irregularities

B. Properties and disorders of the hair and scalp

1. Structure, composition and function
2. Blood supply, nerves and muscle function
3. Growth and regeneration
4. Color, texture, elasticity, density and porosity
5. Conditions, diseases and disorders
6. Analysis
7. Irregularities

III. Chemical Procedures

A. Hair Coloring and Lightening

1. Purpose and results
2. Materials, Implements and supplies
3. Classifications
4. Scalp and hair analysis
5. Safety measures
6. Procedures
7. Corrective measures
8. Fillers
9. Removal of artificial color
10. Special effects
11. Related chemistry

B. Chemical Waving

1. Purpose and results

2. Materials, implements and supplies
3. Scalp and hair analysis
4. Classifications (types) of products
5. Safety measures
6. Procedures
7. Corrective measures
8. Special effects
9. Special hair problems
10. Related chemistry

C. Chemical Hair Relaxing

1. Purpose and results
2. Materials, implements and supplies
3. Scalp and hair analysis
4. Classifications (types) of products

6. Procedures
7. Special hair problems
8. Related chemistry

IV. Hair Care and Treatment

A. Shampoos and Rinses

1. Purpose and results
2. Materials and supplies
3. Types of shampoos/rinses
4. Procedures
5. Related chemistry

B. Scalp and Hair Care

1. Purpose and results
2. Materials and supplies
3. Massage
4. Procedures
5. Safety measures
6. Related chemistry

V. Skin Care/Facials and Manicuring

A. Skin Care/Facials

1. Purposes and effect of massage movements
2. Implements and supplies
3. Function of nerves and muscles

4. Procedure in giving a plain facial
5. Special problems

B. Manicuring

1. Purpose and results
2. Preparation
3. Equipment, implements and supplies
4. Procedures

VI. Hair Cutting, Styling and Shaving

A. Hair Cutting

1. Purpose and results
2. Materials, implements and supplies
3. Use of implements
4. Haircutting theory
5. Techniques, designing and procedures
 - a. Traditional barber styles (fine taper)
 - b. Contemporary styles

6. Safety measures

B. Hair Styling/Care and Care/Styling of Wigs

1. Purpose and results
2. Materials, implements and supplies
3. Use of implements
4. Finishing techniques
5. Thermal Techniques
 - a. Hair and scalp analysis
 - b. Materials, implements and supplies
 - c. Hair pressing
 - d. Thermal curling
 - e. Thermal waving

6. Care and Styling of Wigs

- a. Types of Wigs
- b. Cleaning and conditioning
- c. Fitting and adjusting
- d. Styling

7. Safety measures

C. Shaving

1. General precautions and safety precautions of shaving
2. Standard shaving positions and strokes
3. Fundamentals of shaving the head, neck and face
4. Beard and mustache grooming

VII. Business and Professional Relations

A. Professional attitude/ethics and salesmanship

1. Personality
2. Salesmanship
3. Patron relations
4. Telephone techniques

B. Salon management

1. Business practices
2. Employer-employee relations
3. Salon development
4. Professional ethics
5. Public relations

C. Safety Measures/Client protection

1. Pertaining to shop patrons
2. Pertaining to shop operators
3. Equipment
4. Materials
5. Precautions relative to various services including hair straightening
6. Precautions for electrical devices

VIII. State laws and rules and regulations concerning barbering and Equal Employment Opportunity Commission guidelines for employment



Poquonnock Bridge Fire District

Office of Fire Prevention - Fire Marshal's Office

373 Long Hill Road

Groton, Connecticut 06340-3812

Phone: 860-448-1384 Fax: 860-445-2554 Email: pbfdfiremarshal@pbfd.net

Michael S. Bednarz
Fire Marshal

Michael Gale
Fire Inspector

April 28, 2022

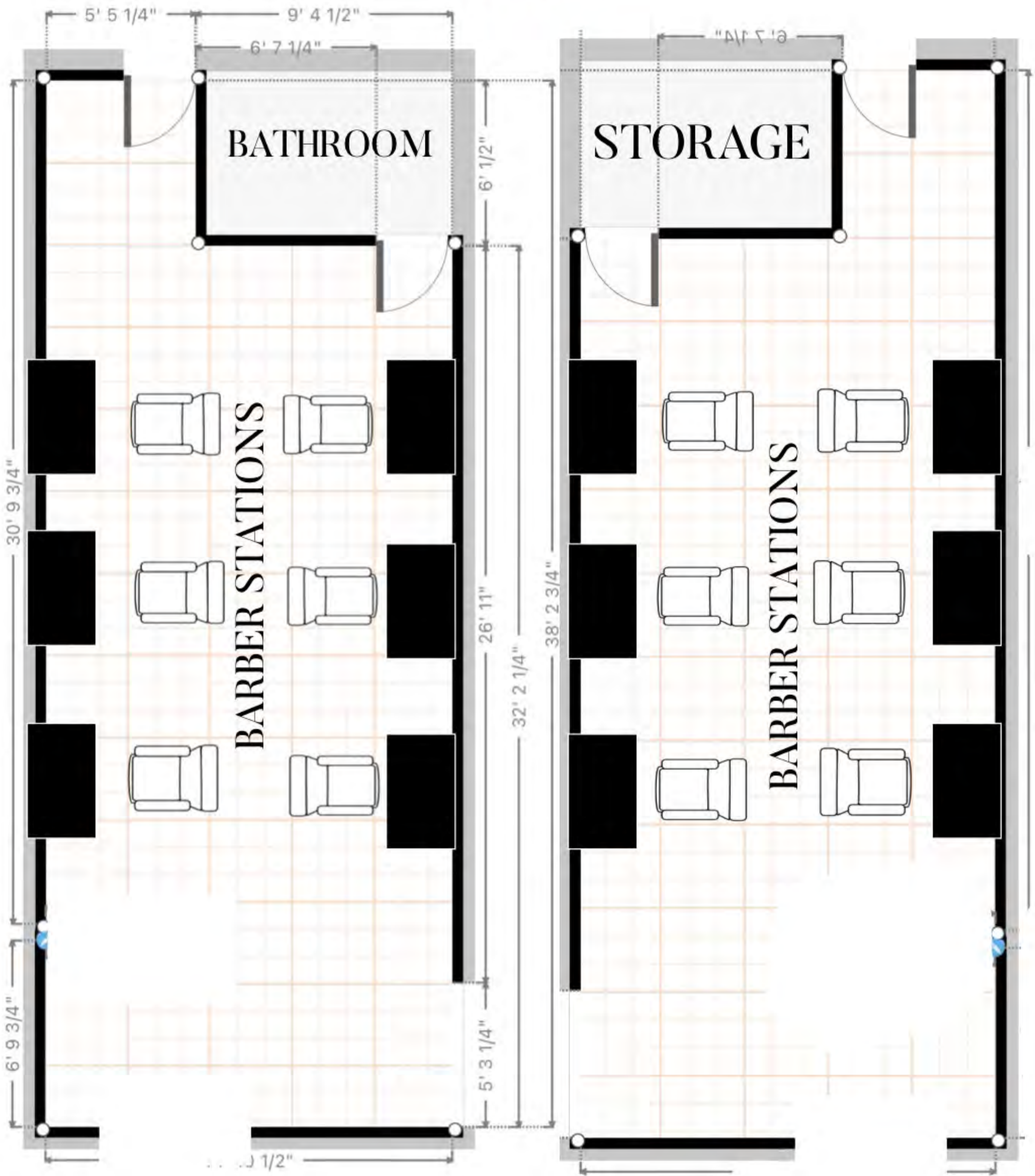
On April 25, 2022 at 0800 hours, Fire Inspector Michael Gale of the Poquonnock Bridge Fire District Office of the Fire Marshal conducted an inspection of I Got You Next Barber Shop located at 1289 Gold Star Highway in the Town of Groton's Poquonnock Bridge Fire District, in order to determine the degree of compliance with the fire safety requirements of the Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes and Connecticut State Fire Safety Code. As a result of this inspection, the following conditions were found:

*At the time of inspection conditions were discovered to be contrary to the minimum requirements of these Codes. An acceptable plan of correction was submitted. **CERTIFICATE OF APPROVAL IS RECOMMENDED.***

A handwritten signature in black ink, appearing to read "Michael Gale", is written over a horizontal line.

Fire Inspector Signature

cc: *Mr. Daniel Garcia, I Got You Next Barber Shop, 1289 Gold Star Highway, Groton, CT 06340*
File/log/dc



1289
Gold star hwy
Groton, CT 06340



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	CONTACT NAME: PHONE (A/C No. Ext): (888) 202-3007 FAX (A/C No): E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Hiscox Insurance Company Inc 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED I Got You Next Barbershop, LLC 1289 Gold Star Hwy Groton, CT 06340		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD YWR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	P100.135.904.2	03/04/2022	03/04/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Bravado Academy 190 State St New London, CT 06320	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



Town of Groton

Building Inspection

BUILDING/ZONING PERMIT APPLICATION

Please Print

(office use only)

Permit No. 02-273 Date Permit Issued 6/17/02

Estimated Cost 600- Fee 20 Bldg. 10 Zon. 10 C.O. 16 State 06

paid 4016
847

X Address of Building 1289 Goldstar Hwy Groton Ct 06340

Zone CB-15 Pin # _____

X Owner Timothy C. Desabrais Address 46 Nobel Ave Groton Ph # 445-1756

X Contractor Timothy C. Desabrais Address 1289 Goldstar Hwy Groton Ct

X Nature of Proposed Work and Use SHOE + LEATHER REPAIR - Retail
Redesign existing Sign

Plans: Yes No Type of Construction Residential Commercial Size _____

No. of Stories _____ No. of Rooms _____ No. of Baths _____

Garage _____ Breezeway _____ Fireplace _____ Heat _____

ZONING PERMIT

(To be filled out in conjunction with a building permit involving any new structure, addition to an existing structure, or change of use.)

Flood Hazard District _____ HDC # _____ ZBA # _____

Site Plan Approval # _____ Special Zoning Permit # _____

Wetlands _____ Coastal Area Management _____

Site Suitability # _____ Sewer # _____ A2 Survey _____

Zoning Official Signature [Signature]

CERTIFICATION: I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Timothy C. Desabrais (860) 445-1827 _____
Print Name in Ink Phone # Lic. #

[Signature] _____ * 6/17/02
Signature (in INK) of Owner/Authorized Agent Date

[Signature] _____ 6-17-02
Building Official Completed Application Received Date

STUDENT CONDUCT & SCHOOL POLICIES

Violation of any of the following policies may result in suspension or expulsion

Insubordination

The act of willfully disobeying a superior, by being disrespectful to that superior, or by refusing to follow an **instruction** given by that superior. The act of insubordination may result in suspension or expulsion.

Time Clock

Every student receives a timecard. There is a \$17.00 replacement fee for lost timecards. Students **MUST** clock in and out every day in order to receive credit for hours.

Non-Payment

Students may be suspended after failing to pay tuition installment within five days of payment date. A student may be expelled after failure to pay tuition within fourteen days of payment date. Expulsion may not be the sole remedy for non-payment. Bravado Academy reserves the right to exercise legal action.

Weapons

The term “weapons” shall include; any loaded or unloaded firearm, any knife, any martial arts device or any tool or instrument which school administrative staff could reasonably conclude as being capable of inflicting bodily harm.

- suspension or expulsion
- police notification

Hate Crime

A Hate Crime is an intentional, deliberate, and methodically charged crime executed in order to cause harm or damage with regard to a specific victim chosen as a result of prejudice, racism, bias, and unlawful resentment.

- Suspension
- Police notification

Drugs and Alcohol

We have a vital interest in maintaining an environment which promotes the health, welfare, and safety of our students. Being under the influence of drugs or alcohol poses unnecessary and unacceptable safety and health risks not only to the user but to all those that work with him or her. The school has enacted and will carry out reasonable measures for ensuring a drug-free and alcohol-free environment. The possession, transfer, manufacture, distribution, sale or use of drugs and alcoholic beverages is not tolerated. No student or visitor shall use or have in his or her possession such contraband on school property or jobsites. Additionally, no student shall be in attendance

under the influence of alcohol or drugs. Any student violating this policy will be subject to disciplinary action.

Damages

The student agrees to reimburse the school for any damages to any equipment or property of the school resulting from negligence. The school is not responsible for loss or destruction of personal property

Theft

The student may not take another person's property without that person's permission or consent with the intent to deprive the rightful owner of it.

Vandalism

The student may not deliberately, mischievously, or maliciously destroy or damage property of the school or the property of another student.

Threat

The student may not make declaration of an intention to inflict punishment or injury.

Dress Code

Student must come to class well groomed. Sweatpants, Jeans, shorts, sweatshirts, ripped pants or tights, saggy pants or shirts exposing your mid drift is not allowed.

You will be sent home if you are out of uniform.

Students must wear

- black bottoms
- black socks
- black shoes
- Bravado Academy shirt

Kit Policy

Your kit must be readily available for use every day that you are in attendance.

The school assumes no responsibility for items lost, stolen or damaged.

Register

All clients must be cashed out through the register. Please do not remove any money from the drawer without written consent from management.

Cell Phones

Please do not use your cell phone on the cutting floor on in class. You may keep them in the break room or on silent mode.

Cleaning Schedule

In order to maintain optimum cleanliness everyone must contribute to keeping the school clean.

There is a cleaning checklist posted in the classroom. Please contribute to your fair share of cleaning and initial beside the tasks you have completed.

Computer/Internet

The computers are not for personal use, especially for printing purposes. Computers are only used for practice exams

Eating

There is no eating anywhere on the cutting floor. *Every student will have a blocked off lunch period.

Keep Your Workstation Clean

- You must sweep after each client
- Clean your mirror and your chair base every night
- Wash your chemical bowls and bottles after each use
- Combs and brushes must stay sanitized

Language/ Conversation

Conversation containing vulgarity, profanity or sexual context is prohibited.

Smoking

Smoking anywhere in the school is prohibited at all times. In addition, there is no smoking in the front of the building. Smoking area is in the back courtyard. Please instruct your guests.

Soliciting

The Solicitation by outside vendors in the school or on the phone is prohibited. Solicitation by a student is also prohibited.

Products

All products used must be professional and approved by the school.

Barber Tuition

Registration Fee (non-refundable)	\$100.00
Tuition	\$7,440.00
Books (non-refundable)	\$400.00
Uniform (non-refundable)	\$60.00
Equipment/Supplies (non-refundable)	\$500.00
Total Cost	\$8,500.00

Tuition Refund Adjustment

All refunds due shall be made within thirty days of written notification or without written notification on your part within thirty days from our determination of your last date of verifiable attendance.

Refunds Prior to Instruction

You must notify the School Director if you wish to cancel for any reason within three (3) business days after your enrollment agreement is signed and accepted and prior to beginning classes. All monies paid will be refunded (not including the non-refundable registration fee)

Refunds After Instruction Has Begun

If you cancel, withdraw, or are dismissed after you begin classes, but before you complete the program, we shall retain the stated cost of textbooks, student kit and uniform, which you have accepted plus a percentage of the total program tuition as indicated below. Notice of withdrawal may be made in writing but the official date of withdrawal for the purpose of refund shall be the last date of verifiable attendance.

During the first week of the program, we shall retain 10% of the total tuition fee.

During the next three weeks of the program, we shall retain 20% of the total tuition fee.

During the first 25%, but after the fourth week of instruction, we shall retain 45% of the total tuition fee.

During the second 25%, we shall retain 70% of the total tuition fee.

Thereafter, we shall retain 100% of the total tuition fee.

Pro-Rata Refund for VA Students: NOTE: A Covered Individual is any individual who is entitled to educational assistance under chapter 31, Vocational Rehabilitation and Employment, or chapter 33, Post-9/11 GI Bill benefits.

Reimbursed tuition and fees are based on the ratio of remaining days of instruction to total days of instruction.

Number of Days of Instruction Remaining

----- x Tuition & Fees Charged = REFUND DUE

Number of Instruction Days in the Course

School Closure Policy

If the school closes permanently after students have enrolled, the school will make arrangements for students to have “a teach” out plan. Students shall receive a pro-rated refund of tuition.

Over Costs

If a student fails to complete the program by the scheduled graduation date, the student will be given an additional 30-day grace period. Hours made up after the grace period will be charged \$10.00 per hour.

The school reserves the right to close for instructor training, legal holidays, or circumstances beyond the school’s control.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

Insp. # 2022 - 001

LICENSING INSPECTION NARRATIVE REPORT FOR HAIRDRESSING, BARBER SCHOOLS

[] New [] Change in Loc. [] Change in Ownership [] Routine [] Re-inspection

Site for students to perform practical

Name of Establishment: Bravado Academy	Date of Inspection: April 27, 2022
Doing Business As: Bravado Academy	Owner's Name: Kiesha Murphy
Establishment Street Address: 1289 Gold Star Hwy	City: Groton
State/Zip: CT/06340	Business Phone: (860) 501-6235

LICENSING INSPECTION REPORT FOR
HAIRDRESSING, BARBER SCHOOLS

This inspection of the establishment was conducted by a representative of the Division of Health Systems Regulation, and the following was identified.

Met	Not Met	Requirements
✓		Water supply adequate and safe.
✓		Hot and cold water under pressure.
✓		Approved method of sewage disposal.
✓		Adequate lighting and ventilation.
✓		Cabinets or drawers for clean linen.
✓		Cabinets, shelves, etc. free from dust, dirt, or hair.
✓		Covered containers for hair and other waste.
✓		Toilet facilities were equipped with handwashing/drying mechanisms (Liquid soap and paper towels).
✓		Ceilings, floors and walls in good repair.
✓		Hairbrushes, combs and other implements were clean and disinfected.
✓		Adequate method for disinfection of hairbrushes, combs and other implements.
✓ (for practical)		Adequate education equipment for students.



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

Insp. # 2022 - 001

CLINICAL/PRACTICAL INSTRUCTORS

Name of Instructor	License No.	Expiration	Present During Inspection? Y/N	Comments
Daniel Garcia	004911	10/31/2023	Yes	N/A

COMMENTS OR RECOMMENDATIONS:

Site to be used for Barber practical.

I have read and have had this inspection report and the laws and regulations concerned herein explained and do affirm that the information given is true and correct to the best of my knowledge.

	4/27/22		4/27/22
Signature of Owner	Date	Signature of Investigator/Inspector	Date/Time

State of Connecticut
 Department of Public Health
 Practitioner Licensing and Investigations Section
 Phone: (860) 509-7552 • Fax: (860) 509-7535
 Email: dph.investigations.gov
 410 Capitol Avenue, MS#12HSR
 P.O. Box 340308
 Hartford, Connecticut 06134-0308
 www.ct.gov/dph

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Christen Pond

Petition No. 2021-42

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges:

1. Christen Pond of Milford, Connecticut (hereinafter "respondent") has been issued license number 058497 to practice as a hairdresser and cosmetician on March 9, 2010. Said license lapsed due to non-renewal on June 30, 2017.
2. From approximately 2017 through the present, respondent engaged in the practice of hairdressing and/or cosmetology without a license.
3. The above-described facts constitute a violation of the Connecticut General Statutes §20-252.

THEREFORE, the Department prays that:

The Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians, as authorized in §§19a-11 and 19a-17, order that respondent immediately cease and desist practicing hairdressing and/or cosmetology.

Dated at Hartford, Connecticut this 29th day of April 2022.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
CONNECTICUT EXAMINING BOARD FOR BARBERS
HAIRDRESSERS AND COSMETICIANS**

Christen A. Pond
83 Criklewood Road
Milford, CT 06460-4507

Via Email (Christenpond@gmail.com)
and First Class Mail

RE: Christen Pond - Petition No. 2021-42

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the **Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians (Board)**, for a hearing on the attached Charges against you to be held on **Monday, June 27, 2022, at 9:15 a.m.**, The hearing will be held by video conference during the meeting of the Board. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing. .

These Charges are being brought against you under the provisions of the §§ 19a-9, 19a-10, and 20-252 of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and § 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Board **within 14 days from the date of this Notice of Hearing.**

Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted.

The following information shall be redacted.

- (1) Date of birth
- (2) Mother's maiden name
- (3) Motor vehicle operator's license number
- (4) Social Security Number
- (5) Other government-issued identification number
- (6) Health insurance identification number
- (7) Financial account number
- (8) Security code or personal identification number (PIN)

Order Re: Filings

In preparation for this hearing you must, no later than June 13, 2022, provide the information specified in the attached Notice for Submissions.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please email phho.dph@ct.gov as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 25th day of May 2022.

FOR: CONNECTICUT EXAMINING BOARD FOR BARBERS, HAIRDRESSERS AND
COSMETICIANS

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Board Members - Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians
Alfreda Gaither, Hearing Officer, Public Health Hearing Office
Chris Andresen, Section Chief, Practitioner Licensing and Investigations
Aden Baume, Staff Attorney, Department of Public Health

Notice for Submissions

The hearing in the matter of **Christen Pond** has been scheduled for **June 27, 2022** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **June 13, 2022**, you must provide the following by electronic mail response to the Department of Public Health, Public Health Hearing Office at phho.dph@ct.gov.

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: a copy of a government-issued photo identification of the parties and witnesses.
4. Electronic Mail (“e-mail”) addresses for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

This is a formal public hearing. It will be video recorded and posted on the DPH website for public viewing. All hearing participants should appear in proper attire, in proper surroundings, and remove any potential distractions.

In preparation, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking. Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any question please contact the hearing office at phho.dph@ct.gov.

In re: Christen Pond

Petition No. 2021-42

Index

<u>Attachment No.</u>	<u>Description</u>	<u>Pages</u>
1	Investigative report	4
2	Reinstatement Application	4

State of Connecticut
Department of Public Health
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

INVESTIGATIVE REPORT
February 5, 2021

Investigation of Petition # **2021-42**

Respondent's Name: **Christen A. Pond**

Petitioner's Name: **PLIS**

Address: 83 Cricklewood Rd.
 Milford, CT 06460

Licensure Information:

License No. 20.058497
Issued: 03-09-2010
Expired: 06-30-2017

Investigated by: Brendan Hosey
 Special Investigator
 Practitioner Licensing & Investigations Section

Allegation(s):

1. The Respondent's Hairdresser/Cosmetician license expired June 30, 2017 and she continued to practice.

Complaint Analysis

On January 9, 2021 the Respondent submitted a Hairdresser reinstatement application and included a Hairdresser/Barber Licensure Statement of Professional Activities (**Exhibit A**). The Respondent indicated she had been employed at Hair House from June 2017 to June 2018 as a Cosmetologist. The Respondent listed her job duties as "cutting, color, reception, washing, styling, updos". The Respondent also indicated she received compensation for these services.

The Respondent indicated she was self employed from June 2018 to January 2021 as an Owner/Stylist. The Respondent listed her job duties as "all of above", referring to the job duties at Hair House. The Respondent also indicated she received compensation for these services.

Statement of facts related to allegations:

1. On June 30, 2017 the Respondent's hairdressing license expired.
2. On January 9, 2021 the Respondent filed a reinstatement application for a hairdressing license.
3. The Respondent indicated she worked at the Hair House from June 2017 to June 2018 as a Cosmetologist. The Respondent was self-employed from June 2018 to January 2021 as an Owner/Stylist.

Investigation of Petition No. 2021-42
Christen Pond

Page 3

Exhibit Legend:

Exhibit A: Reinstatement Application

Communication Log:

1. Respondent - Christen Pond

Address - 83 Cricklewood Rd
Milford, CT

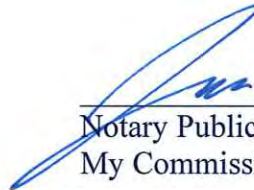
CERTIFICATION

I, Brendan Hosey, Special Investigator, Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my investigation of Christen Pond, professional license number: 20.058497.



Brendan Hosey, Special Investigator
Department of Public Health
Practitioner Licensing and Investigations Section

Subscribed and sworn to before me this 5 day of February 2021.



Notary Public
My Commission Expires 4/30/2022

Reinstatement - 20.058497

Name CHRISTEN ANGELA POND
Credential 20.058497

Hairdresser Reinstatement Instructions

Please note that as part of this application, you will be required to upload the following documents:

A recent picture of yourself;

A COMPLETED Statement of Professional History **FORM**.

Please make sure you have these documents available on the device you are using to file this application.

Please make sure you have read and understand the eligibility and documentation requirements specific to your profession as outlined on the Department's **web site**.

Once you are at the page, please select the profession for which you are applying and then select 'Reinstatement of a Lapsed License.'

Address Update

1. Please update any changes to your primary address:
2. Please update any changes to your mailing address:

Demographic Information - Initial Application

3. Maiden Name
Lattanzi
4. Please provide your Date of Birth
06/02/1979
5. U.S. Social Security Number (Please enter numbers only)

6. Gender
Female
7. Ethnicity: Please choose one
Not Hispanic or Latino
8. Race:
White
9. Are you currently serving in or a veteran of the Armed Forces of the United States of America?
No
10. Please attach a recent photo of the applicant.
133709285_10158078431634891_567176478213800033_n.jpg

Professional Activities Statement

11. Please upload a COMPLETED Statement of Professional Activities **form**.
hairdresser statement.pdf

Active Practice

12. Have you been in the active practice in the profession for which you are applying within the three year period immediately preceding the date of this

application?

Yes

Employment History

Please provide the location and dates of your most RECENT employment in your licensed profession.

13. Facility/Practice Name

Christen Pond - Hair House

14. City

Milford

15. State

CT

16. Start Date (if unsure, please estimate)

01/01/2017

17. End Date (if currently employed here, please enter current date)

01/09/2021

Other State Licenses

Below, add all of the U.S. states or Canadian provinces in which you hold or have held a license to practice in the profession for which you are applying.

18. Please list all states in which you hold or have held a license, current or expired in the profession for which you are applying.

State	Disciplinary Action
Connecticut	No

Summary of Professional Activity

19. Please upload a current CV or resume detailing your work experience since completion of the education or experience that qualified you for initial license.

Christen Pond - hairstylist resume.docx

Statement of Professional History

Please answer the following questions. If you answer yes to any of the questions regarding your professional history, please provide details in the space available below and arrange for the submission of supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review. Applicant's answering affirmatively to any question below may be contacted for additional information.

20. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?

No

21. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

No

22. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

No

23. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign

jurisdiction?

No

24. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

No

25. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?

No

26. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

No

27. Provide details regarding any question(s) above that you may have answered affirmatively.

Application Attestation

28. By filing this application online on the date indicated below, I attest that I am the person referred to in this application and that the photograph attached hereto is a true picture of me and that the statements made herein are true in every respect.

01/09/2021

Important Note

To continue processing your transaction, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).

On the top right of the invoice screen, select "Pay Invoice".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your application online.

Review

Print

2021-42

20. 058497

Exp- 6-30-17

ISSUED - 3-9-10



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

HAIRDRESSER/BARBER LICENSURE

Statement of Professional Activities

All reinstatement applications must include a statement of professional activities. **Your reinstatement application will not be processed until this form is completed and returned to this office.** You may copy this form as necessary.

NAME: Pond Christen Angela Lattanzi
Last First Middle Maiden

License Type: (Please check appropriate box) Hairdresser / Cosmetologist Barber

License Number: 58497 Expiration Date: 6/30/2017

Please describe all jobs you have held and any continuing education that you have had since your license expired. You should also state, if applicable, the length of time it has been since you left active practice.

Place of employment: Hair House

Dates of employment: June 2017 to June 2018 Job Title: Cosmetologist

Job duties: Cutting, color, reception, washing, styling, updos.

I had moved and never got renewal form at new address.

If performing hairdressing/cosmetology/barbering, were you compensated for your services? YES NO

Place of employment: Self employed - travel

Dates of employment: June 2018 to Present Job Title: Owner / Stylist

Job duties: all of above, also did further education via online white guaranteed.

If performing hairdressing/cosmetology/barbering, were you compensated for your services? YES NO