



STATE OF CONNECTICUT

HAIRDRESSER/BARBER

DEPARTMENT OF PUBLIC HEALTH

AN APPLICATION WILL NOT BE REVIEWED BY PROFESSIONAL STAFF OF THE DEPARTMENT UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

- The fee for initial licensure covers the cost of eligibility determination and related administrative functions. At such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. The licensure renewal fee is separate and distinct from the application fee. Licenses are renewed biennially during the licensee's month of birth. Renewal will be required in the second birth month which immediately follows the issuance of licensure. The full renewal fee will be required regardless of the date of initial licensure.
- It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Department does **NOT** notify applicants of incomplete documentation. It is recommended that applicants who are interested in expediting licensure contact the Department periodically to monitor the status of their file with regard to the receipt of supporting documents.
- Educational credentials earned in a country other than the United States (or Canada in some instances) must be evaluated by a credential evaluation service approved by the Department. Documents in a language other than English **MUST** be translated by a certified translation service in accordance with instructions from this office. Applicants to whom these provisions apply should request additional information from this office.
- No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to "**TREASURER, STATE OF CONNECTICUT**", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application, **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- Any incomplete application which has remained inactive for one year will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.
- Licensure requirements are subject to change as a result of new legislation, new Rules and Regulations, or from new policies and procedures adopted by the Department of Public Health working, where appropriate, in cooperation with various Boards of Examiners. Applicants must meet current licensure requirements.
- Licensing examination questions are **NOT** included in the Freedom of Information Act as documents available for review. Whenever possible, however, this division will provide whatever feedback possible with regard to examination performance.
- The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. Pursuant to Connecticut General Statutes, Section 17b-137a(a)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue – MS # 12APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

ELIGIBILITY REQUIREMENTS FOR HAIRDRESSER/BABER LICENSURE

EXAMINATION

- 1. GENERAL EDUCATION:** Completion of at least an 8th grade education or its equivalent. Equivalency may be demonstrated by successful completion of the GED or one of the following Ability to Benefit Examinations:
 - *Test of Adult Basic Education (TABE) - Forms 5 and 6, Level A*
 - *Test of Adult Basic Education (TABE) - Forms 7 and 8, Level A*
 - *Wonderlic Basic Skills Test (WBST) - Verbal Forms VS-1 & VS-2, Quantitative Forms QS-1 & QS-2*
- 2. PROFESSIONAL EDUCATION:** Successful completion of a course of not less than 1,500 hours of study in a school approved by the Connecticut State Board for Barbers and Hairdressers or in a school teaching hairdressing, cosmetology or barbering under the supervision of the Connecticut State Board of Education.
- 3. EXAMINATION:** Successful completion within the past two (2) years of the Experior Multistate Licensing Examination in English with a score of 70%. Applicants trained outside the United States must also successfully complete this examination.

Documentation Requirements:

1. Completed notarized application (pages 6, 7 and 8 of this packet) with photograph and fee of \$100.00 in the form of a certified bank check or money order payable to, "Treasurer, State of Connecticut."
2. Applicants must indicate on their notarized application that they have completed the eighth grade or an equivalent level of education as outlined above.
3. Affidavit of Hours form (page 9 of this packet) submitted directly to this office from your hairdresser / cosmetology / barber school.
4. Successful completion of the Experior Multistate Licensing Examination in English. Scores must be submitted directly to this Department by Experior. You may contact Experior by calling (800) 813-6671. If you have not yet sat for the examination, please contact this office at (860) 509-7603 to obtain a Candidate Information Bulletin which provides information relative to registering for the examination. The candidate handbook may be obtained on the Internet at <http://www.experioronline.com/ctcosmo.asp>.
5. Verification of all licenses held, current or expired. The attached verification of licensure form (page 11 of this packet) must be forwarded to the appropriate authority in any U.S. state or territory in which the applicant is or has ever been licensed as a hairdresser / cosmetician / barber. Please have one form completed for each state in which you are, or ever have been licensed (photocopy as necessary). Most jurisdictions charge a fee for completion of the verification form. Be sure to contact the jurisdiction for fee information.

WAIVER OF EXAMINATION:

An applicant may qualify for waiver of examination provided such applicant:

1. Holds a license to practice as a barber or hairdresser in any other state, the District of Columbia, or in a commonwealth or territory of the United States;
2. Has completed not less than 1,500 hours of formal education and training in barbering or hairdressing (Please note that applicants who completed less than 1,500 hours of formal education may substitute no more than 500 hours of licensed work experience toward meeting the 1,500 hours); and
3. Was issued a license on the basis of successful completion of an examination.

IMPORTANT

Applicants licensed in another state who completed the examination in a language other than English must demonstrate English proficiency by successfully completing the Test of English as a Foreign Language (TOEFL), administered by the Educational Testing Service with a score of at least 550 on the paper-based test or 213 on the computer-based test. For information regarding the TOEFL examination, contact: TOEFL, P.O. Box 6151, Princeton, NJ 08541-6151; Telephone 609-771-7100; Fax 609-279-9146; website: <http://www.toefl.org>.

DOCUMENTATION REQUIREMENTS:

1. Completed notarized application (pages 6, 7 and 8 of this packet) with photograph and fee of \$100.00 in the form of a certified bank check or money order payable to, "Treasurer, State of Connecticut."
2. Applicants must indicate on their notarized application that they have completed the eighth grade or its equivalent.
3. Verification of all licenses held, current or expired. The attached verification of licensure form (page 11 of this packet) must be forwarded to the appropriate authority in any U.S. State or territory in which the applicant is or has ever been licensed as a hairdresser/cosmetician / barber. The state or territory must indicate in what language the applicant completed the examination. Most jurisdictions charge a fee for completion of the verification form. Be sure to contact the jurisdiction for fee information.
4. If the examination was completed in a language other than English, verification of successful completion of the TOEFL examination. For information regarding the TOEFL examination, contact: TOEFL, P.O. Box 6151, Princeton, NJ 08541-6151; Telephone 609-771-7100; Fax 609-279-9146; website: <http://www.toefl.org>.
5. Affidavit of Hours form (page 9 of this packet) submitted directly to this office from your hairdresser / cosmetology / barber school.
6. Verification of licensed work experience directly from the shop or salon verifying dates of employment, duties, and total number of hours worked (page 10 of this packet).

APPLICANTS LICENSED TO PRACTICE BARBERING FOR NOT LESS THAN FORTY (40) YEARS:

The Department may issue a barber license without an examination to any person who holds a license to practice the occupation of barbering in any other state or territory for a period of not less than forty (40) years. Any person wishing to apply via this route must ensure that, in addition to the documents listed below, this office receives verification of 40 years of licensure directly from the state of current licensure.

1. Completed, notarized application (pages 6, 7 and 8 of this packet) with photograph and fee of \$100.00 in the form of a certified bank check or money order payable to, "Treasurer, State of Connecticut."
2. Verification of at least 40 years of licensure to practice barbering directly from the state of current licensure. The attached verification of licensure form (page 11 of this packet) must be forwarded to the appropriate authority in any U.S. State or territory in which the applicant is or has ever been licensed as a barber. Please have one form completed for each state in which the applicant is, or has ever been, licensed (photocopy as necessary). Most jurisdictions charge a fee for completion of the verification form. Be sure to contact the jurisdiction for fee information.

REINSTATEMENT OF LAPSED LICENSES:

Each application for reinstatement is reviewed individually by the Department of Public Health. It is appropriate for applicants to submit any available evidence as to their continued competency to practice barbering or hairdressing/cosmetology. Such evidence could include affidavits of work experience, certificates of continuing education, or the like, and will be considered in evaluating whether a refresher course and/or reexamination is required.

All applicants for reinstatement of a previously held Connecticut hairdresser or barber license must submit:

1. Completed, notarized application (pages 6, 7 and 8 of this packet) with photograph and fee of \$100.00 in the form of a certified bank check or money order payable to, "Treasurer, State of Connecticut."

2. Statement of Professional Activities (page 12 of this packet). A brief description of your professional activities, including information regarding your work history, any continuing education undertaken, and, if applicable, length of time since leaving active practice. Please be sure to mention any hairdressing-related activities.
3. Verification of all licenses held, current or expired. The attached verification of licensure form (page 11 of this packet) must be forwarded to the appropriate authority in any U.S. State or territory in which the applicant is or has ever been licensed as a hairdresser / cosmetician / barber. Please have one form completed for each state in which the applicant is, or has ever been, licensed (photocopy as necessary). Most jurisdictions charge a fee for completion of the verification form. Be sure to contact the jurisdiction for fee information.

Applicants who have not actively practiced as a hairdresser within the two (2) to eight (8) year period immediately preceding the reinstatement application must submit, in addition to the requirements stated above:

4. Successful completion of either the Thomson Prometric Licensing Examination or a refresher curriculum of one-hundred thirty-five (135) hours of instruction in an approved school (as stated below).

Curriculum for reinstatement candidates with licenses lapsed more than two (2) but less than eight (8) years:

<u>CONTENT AREA HOURS</u>	<u>MINIMUM THEORY HOURS</u>	<u>MINIMUM OF CLINICAL</u>
1. Sanitation & Hygiene	10	10
2. Chemical Procedures	15	40
3. Hair Care & Treatment	10	10
4. Hair Shaping & Styling	10	25
5. CT State Laws	<u>5</u>	<u>0</u>
Total Hours:	50	85

Applicants who not actively practiced as a hairdresser within the eight (8) year period immediately preceding the reinstatement application must submit, in addition to requirements 1 through 3 as stated above:

4. Successful completion of a refresher curriculum of two-hundred forty-five (245) hours of instruction in an approved school (as stated below) and successful completion of the Thomson Prometric Licensing Examination.

Curriculum for reinstatement candidates with licenses lapsed more than eight (8) years:

<u>CONTENT AREA HOURS</u>	<u>MINIMUM THEORY HOURS</u>	<u>MINIMUM OF CLINICAL</u>
1. Sanitation & Hygiene	10	10
2. Chemical Procedures	30	80
3. Hair Care & Treatment	20	20
4. Hair Shaping & Styling	20	50
5. CT State Laws	<u>5</u>	<u>0</u>
Total Hours:	85	160

All supporting documentation must be submitted directly from the prime source to:

Hairdresser/Barber Licensure
 Department of Public Health
 410 Capitol Avenue, MS# 12APP
 P.O. Box 340308
 Hartford, CT 06134-0308

NOTE: EXCEPT FOR THE APPLICATION AND FEE, DOCUMENTS RECEIVED DIRECTLY FROM THE APPLICANT WILL NOT BE ACCEPTED.

Should you have questions or wish to monitor the status of your application, call (860) 509-7603.

STATEMENT OF PROFESSIONAL HISTORY:

Answer 1-7 by checking YES or NO. If you answer yes to any of the questions, please refer to the instructions below.

1. 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;

YES NO

-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?

If YES, give full details, names, addresses, etc. on a separate, NOTARIZED statement.

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

YES NO

If YES, give name of professional society or association, date, and reasons your membership was suspended or revoked on a separate, NOTARIZED statement.

3. 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?

YES NO

4. 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?

YES NO

5. 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?

YES NO

If you answered YES to any of the above questions (3-5), give full details, names, addresses, etc. on a separate, NOTARIZED statement.

6. 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?

YES NO

If YES, give full details on a separate NOTARIZED statement and submit a NOTARIZED copy of the agreement

7. 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?

YES NO

If YES, give full details on a separate, NOTARIZED statement and furnish a CERTIFIED COURT COPY (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.

EMPLOYMENT:

List, starting with your most recent position, your hairdressing/barbering employment experiences. Attach additional sheets if necessary. Do NOT leave this section blank, if you have no experience, indicate N/A.

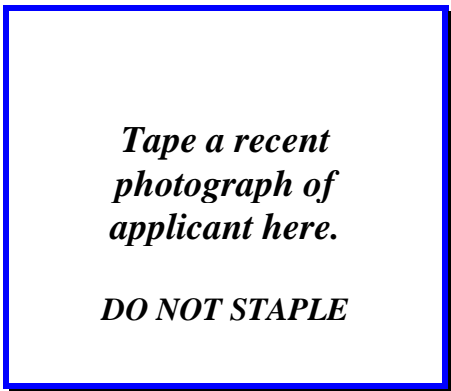
EMPLOYER & ADDRESS	YOUR SUPERVISOR	EMPLOYMENT DATES
		TO
	YOUR TITLE	

EMPLOYER & ADDRESS	YOUR SUPERVISOR	EMPLOYMENT DATES
		TO
	YOUR TITLE	

EMPLOYER & ADDRESS	YOUR SUPERVISOR	EMPLOYMENT DATES
		TO
	YOUR TITLE	

PHOTOGRAPH:

NOTARIZATION:



On this _____ day of _____ 20 _____,

_____ (applicant's name)

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Sworn to before me this _____ day of _____ 20 _____.

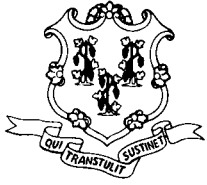
SIGNATURE

OF APPLICANT

Signature Of Notary Public _____ **My commission expires** _____

Please submit this application and fee of \$100.00 (certified bank check or money order) made payable to “**Treasurer, State of Connecticut**” to:

Department of Public Health • Hairdresser / Barber Licensure
410 Capitol Ave., MS# 12MQA • P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7603



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

VERIFICATION OF LICENSED WORK EXPERIENCE

HAIRDRESSER APPLICANT: Complete the TOP portion of this form and forward it to the hairdresser/barber shop owner where you performed work experience in the state of licensure. All questions on this form must be answered or it will be returned.

Applicant Name: _____ Date Of Birth: ____/____/____

Hairdresser License #: _____ State Issued: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE - FOR HAIRDRESSING/BARBER SHOP OWNER USE ONLY

Full Name Of Shop: _____

Address Of Shop: _____

Owner: _____ Owner License Number: _____

I hereby certify that I am the owner of the above mentioned shop, and that said shop is duly registered in accordance with the laws of the state it is located in. I further certify that the above mentioned applicant for licensure in the State of Connecticut was employed by me from ____/____/____ TO ____/____/____ as a hairdresser / cosmetician / barber and worked a total of _____ hours.

Was this period of employment satisfactorily completed? YES NO *If NO, please explain on reverse side.*

Signature of Owner _____/____/____
Date

On this ____ day of _____, in the year 20____, _____ (*establishment owner*) personally appeared before me, who being duly sworn says that the statements made herein are true in every respect.

Signature of Notary My commission expires ____/____/____
Date

THIS FORM MUST BE SUBMITTED DIRECTLY BY THE HAIRDRESSING/BARBER SHOP OWNER TO:

Department of Public Health
Hairdresser / Barber Licensure
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

VERIFICATION OF HAIRDRESSER / BARBER LICENSURE

TO BE COMPLETED BY APPLICANT

Applicant - Complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as a hairdresser / barber (make copies as necessary).

Name: _____
Last First Middle Maiden

Address: _____
No. & Street City State Zip Code

Original License number _____ Date Issued _____
(in the state to which the form is being forwarded)

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Signature _____ Date _____

TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named individual was issued license number _____ to practice as a hairdresser or barber effective _____.

Basis for licensure in your state: Endorsement Examination

If licensed by examination, please indicate in what language the exam was administered _____

Please indicate the total number of hours of approved education this applicant completed: _____

Current Status: Active Inactive Lapsed Date license expires: _____

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES NO . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

SEAL Signed: _____ Title: _____

State: _____ Date: _____

Telephone Number: _____ Email: _____

THIS FORM MUST BE SUBMITTED DIRECTLY BY THE LICENSING AGENCY TO:

Hairdresser / Barber Licensure
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7603



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: _____

Last

First

Middle

Maiden

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

License Number: _____ Expiration Date: _____

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: _____

Dates of employment: _____ to _____ Job Title: _____

Job duties: _____

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

Place of employment: _____

Dates of employment: _____ to _____ Job Title: _____

Job duties: _____

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