



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