

REQUIREMENTS & INSTRUCTIONS - BEAUTY OPERATOR

Access this form via website at: cca.hawaii.gov/pvl

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT TIME OF FILING.

ALL APPLICANTS upon filing of a **COMPLETE APPLICATION AND DOCUMENTS** are required to take and pass the **written examination** to become licensed as a Beauty Operator in the appropriate licensure category. The applicant for license will need to comply with the requirements of the following agencies during the licensing process:

- 1) **BOARD OF BARBERING AND COSMETOLOGY** ("Board") is responsible for approval of applications for examination and temporary permits; and issues licenses.
- 2) The testing agency, **Prometric** administers the examination to applicants after the application has been approved. All inquiries regarding the exam should be directed to Prometric at (808) 261-8182.

Generally, the requirements and steps to obtain and maintain a beauty operator's license in Hawaii are:

- 1) Satisfy the qualification requirements for the appropriate beauty operator category;
- 2) Complete the beauty operator application form (required), and temporary permit application form (optional);
- 3) Upon approval, and receipt of exam information, register directly with Prometric to take the examination;
- 4) Take and pass the examination;
- 5) Apply for a license with the Board;
- 6) Renew license every two years.

Details for each of the steps are listed in the sections below. The number of each section corresponds to the step number.

1) SATISFY THE QUALIFICATION REQUIREMENTS

NOTE: Documents written in a **FOREIGN** language must be translated into English. You must submit a copy of the foreign document, **ORIGINAL** English translation, **AND** declaration that the translation is accurate **AND** that the translator is fluent in that foreign language and English. The translator must not be the applicant. See section titled "Documents in a Foreign Language". All supporting documents in other names used **MUST** be listed on your application under the "other names used" section.

AGE	Be at least 16 years of age.
SOCIAL SECURITY NUMBER	<p>Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.</p> <p>The following laws require that you furnish your Social Security Number to our agency:</p> <p><u>FEDERAL LAWS:</u></p> <p>42 U.S.C.A. §666(a)(13) requires that Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and</p> <p>If you are a licensed health care practitioner, 45 C.F.R., Part 61, Subpart B, §61.7 requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.</p> <p><u>HAWAII REVISED STATUTES ("HRS"):</u></p> <p>§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and</p> <p>§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).</p>
GENERAL EDUCATION	Be a high school graduate or possess an education equivalent to the completion of high school. One year of experience as a licensed beauty operator satisfies the general education requirement.

(CONTINUED ON PAGE 2)

**BEAUTY OPERATOR
LICENSURE
CATEGORIES**

The Beauty Operator (BEO) license has four (4) licensure categories:

- Cosmetologist - Hairdressing, esthetics and manicure/pedicure services
- Hairdresser - All aspects of hair services
- Esthetician - Skin care, spa and make-up services
- Nail Technician - Manicure and pedicure services

**DOCUMENTS IN
A FOREIGN
LANGUAGE**

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. The translator must be someone other than the applicant. The translator must also submit an affidavit. (See example of affidavit below). The affidavit must be signed by the translator. **Attach** the translation and the affidavit.

Example of translator's affidavit: The following is an **example** of a translator's affidavit and contains all of the elements required by the Board.

"I certify that I am competent in both the English language and the _____ language (language of the document) and that this is a true and complete translation of the foreign language original."

**BEAUTY
TRAINING**

Beauty training requirements for each category may be satisfied in the following ways:

	Beauty School Hours	Beauty Apprenticeship Hours
Cosmetologist	1800	3600
Hairdresser	1250	2500
Esthetician	600	1200
Nail Technician	350	700

Combination (school and apprenticeship): To determine the total hours of training, two apprentice hours are equivalent to one beauty school hour, provided the training is not more than three years old.

The Board may choose not to recognize all of the hours if the combination training occurred over the same period of time.

Barber Training: Barber training hours may be recognized toward the hairdresser category if deemed acceptable by the Board.

**OUT-OF-STATE/
FOREIGN LICENSE
AND EXPERIENCE**

Another qualification pathway is to **HAVE A LICENSE FROM ANOTHER JURISDICTION** in the appropriate beauty category, **and have at least one (1) year of applicable experience.**

NOTE: If your jurisdiction or foreign country does not require licensure as a beauty operator, you will be required to submit copies of your transcript(s) so that we can determine if your training was equivalent.

Out-of-State/
Foreign License:

The license will only be recognized for the hours of training that are recognized in the jurisdiction that issued the license.

If the jurisdiction's training hours are the same or **more than** the number required for Hawaii, a copy of the license is sufficient to verify the training.

OR

If the jurisdiction's training hours are **less than** the number required for Hawaii, then you must make up the difference with school training, or apprentice hours, or provide evidence of one year of licensed experience with the out-of-state or foreign license.

(CONTINUED ON PAGE 3)

Out-of-State/
Foreign
Experience: Experience is recognized only after licensure and/or completion of training. Generally, experience is not considered alone without evidence of training. A qualified person (owner, manager, supervisor) must provide a written statement verifying the out-of-state or foreign experience by completing the attached "Experience Verification" form.

A minimum of at least one (1) year of applicable experience is necessary to be recognized by the Board, and will satisfy the general education requirement and/or any difference in the training requirement.

If you do not have at least one year of experience AND a license from another jurisdiction in the appropriate category - you will not qualify through this pathway.

2) COMPLETE THE BEAUTY OPERATOR APPLICATION FORM AND TEMPORARY PERMIT APPLICATION FORM (OPTIONAL)

Complete the Beauty Operator Application and **ATTACH** the appropriate qualification documents. If you choose to have a temporary permit, complete the Temporary Permit Form and include all necessary fees.

APPLICATION Complete the on-line fillable form or print legibly in black ink.

Failure to provide all the requested information will delay the processing of your application.

Experience
Verification Form: This form (COSM-02) is used to verify qualified out-of-state/foreign experience and/or out-of-state apprenticeship training, or to satisfy the general education requirement.

TEMPORARY PERMIT APPLICATION The temporary permit allows you to work and train under the supervision of a qualified licensee while waiting to take and pass the licensing examination. It will be issued to applicants who apply and who have filed a completed beauty operator license application. The temporary permit is valid for a period covering three (3) examinations as consecutively scheduled by the Board (approximately one year). **The temporary permit is issued one time only and cannot be extended or renewed.** Therefore, the applicant is encouraged to take the first and all subsequent examinations. **Once your temporary permit expires, you will still be eligible to take the exam but will not be authorized to work.**

NOTE: Temporary permits will not be issued on the same day the application is received, therefore, it is the applicant's responsibility to allow sufficient time for the review and approval of both the license application and temporary permit application.

Application for
Temporary
Permit: Complete the application for temporary permit. Upon approval, your permit will be mailed to you. Upon receipt of the validated permit, you may begin working under supervision of a qualified licensee.

Do not submit this temporary permit application by itself. A temporary permit will be issued to an applicant with an approved beauty operator application. The licensure category(ies) must be the SAME as the category(ies) selected on the beauty operator application.

QUALIFICATION DOCUMENTS

General
Education: **ATTACH** documentation of possessing an education equivalent to the completion of high school (diploma, GED certificate, transcript or letter from the school, evidence of attendance or graduation from college). All documents must be in English. If documentation is not in English, please refer to section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" for more information.

OR

(CONTINUED ON PAGE 4)

- General Education: (Cont.) Provide verification of at least **ONE YEAR** of experience as a licensed beauty operator in another jurisdiction to satisfy the general education requirement. (Use form COSM-02)
- Beauty Training: **Schooling** **ATTACH** a copy of your transcript that reflects the breakdown of subjects and hours of your schooling. The transcript is necessary to determine if the subjects and hours are in compliance with the Board's curriculum.
- Apprenticeship** Apprentice in Hawaii: **ATTACH** the "Progress Report" forms that reflect the subjects and hours of training, and the "Notice of Completion or Withdrawal". Forms are available in the Apprenticeship Manual found in the Board's rules, Hawaii Administrative Rules, Chapter 16-78.
- Out-of-State Apprentice: **ATTACH** evidence of completing apprenticeship that reflects training subjects and hours, or submit a completed "Experience Verification" (COSM-02) form by a qualified person (employer or supervisor) that provides the training subjects and hours.
- Combination: You may use a combination of beauty school and apprenticeship training to meet the qualifications. The Board may choose not to recognize all of the hours if the combination training occurred over the same period of time.
- If the training is not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" for more information.
- Out-of-State/ Foreign License: **ATTACH** copy of appropriate license or a state board verification. If the license is not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" for more information.
- Out-of-State/ Foreign Experience: **ATTACH original** experience verification form(s) totaling **not less than one year** of experience from a qualified person(s), (owner, manager, supervisor).
- If self employed, provide verification of the business that contains the applicant's name (copy of shop or business license, tax records, or a state board verification).
- A MINIMUM OF ONE YEAR EXPERIENCE IS REQUIRED TO SATISFY BOTH THE GENERAL EDUCATION REQUIREMENT AND ANY DIFFERENCE IN THE TRAINING REQUIREMENT.**

REQUIRED FEES

- Make checks payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)
- Application Fee: **ATTACH** a non-refundable application fee of **\$20.00**.
- Temporary Permit Fee: **ATTACH** temporary permit fee of **\$40.00**, only if requesting a temporary permit. **Total** of **\$60.00** for both application and temporary permit.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

(CONTINUED ON PAGE 5)

FILING DEADLINE

Mail application to: Board of Barbering and Cosmetology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

Incomplete and/or irregular applications will not be accepted and a notice of deficiency will be sent. It is your responsibility to file a complete application in sufficient time to be approved to take the examination.

Instructions for "YES" Answers to questions (5) thru (7) of the Application for Exam & License - BEAUTY OPERATOR (COSM-01)

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

- 1) Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is **"yes"** to one or more of these questions, read paragraph "B" below, AND you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents;
- 2) If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity and fair dealings.
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuaao'a Building, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at: ecrim.ehawaii.gov to request a "Criminal History Record Check" form.

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

B. If you answered **"yes"** to questions (5) through (7), your application may be reviewed at a Barbering and Cosmetology Board meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications.

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RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

3) REGISTER WITH TESTING AGENCY TO TAKE EXAMINATION

Examinations are scheduled three times a year, usually in January, May and October. Please refer to the "Exam Schedule" for filing deadlines. **It is your responsibility to meet the filing deadline and examination dates.**

NOTICE OF ACTION

Upon receipt of a complete application, a "letter of approval" will be sent to your mailing address together with a Prometric "Examination Registration" form and a Candidate Information Brochure. Instructions for the Prometric "Examination Registration" form are attached to the form. If assistance is required, please contact Prometric at (808) 261-8182 or log on to their website at: www.prometric.com/hawaii. You must register directly with Prometric by submitting the completed "Examination Registration" form **along with a copy of your "letter of approval" letter** which indicates the licensure category(ies) for which you have been approved, AND the required testing fee, **directly** to Prometric by the Prometric **examination registration deadline**.

REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE - must be approved by the Board. Submit your written request along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

4) TAKE AND PASS EXAMINATION

ADMISSION TO EXAMINATION

After registering with Prometric, you will receive an "Admission Ticket" by mail approximately 10 days prior to the examination date. If you have not received the "Admission Ticket" within 5 days of the examination date, contact **Prometric at (808) 261-8182**.

EXAMINATION RESULT NOTICE

Examination results will be mailed approximately 2 weeks after the examination date.

Applicants who receive a "Pass" notice from Prometric will also receive instructions to apply for licensure with the Board.

Applicants who receive a "Fail" notice from Prometric will receive re-examination information and instructions for the next examination.

Applicants are encouraged to apply and take all scheduled examinations. Please read "Abandonment of Application" section. If you fail to take an examination for two consecutive years, your application shall be deemed abandoned and shall be destroyed and you will be required to reapply for exam and licensure.

5) APPLYING FOR LICENSE

After passing the examination, applicants are able to apply for the license and pay the necessary licensing fees as noted on the "Fee Due" notice.

NOTE: No additional license fees will be required if you hold a current license and you are applying for a license in an "additional" licensure category.

6) RENEW LICENSE BIENNIALLY

All licenses, regardless of when issued, **expire on December 31 of each odd-numbered year** (every other year or biennially). Licenses must be renewed on or before the license expiration date. At the present time, the requirement for renewal is completion of the "Renewal Application" form and payment of renewal fees.

(CONTINUED ON PAGE 7)

RENEW LICENSE BIENNIALLY (Cont.)

About 2 months before the license expiration date, the "Renewal Application" is mailed to all licensees at their address of record. To ensure receiving the renewal application, keep the board informed in **writing** of your current mailing address. If you do not receive a renewal application approximately one month prior to the license expiration date, contact the Board for assistance. License renewal after the expiration date and within the three year restoration period is subject to penalty fees.

RESTORATION OF LICENSE

After three years, your request for the restoration of your license MUST be accompanied by: (1) Written explanation for the period of delinquency; (2) Verification from your current and any prior employer(s) that you were engaged in cosmetology activities during the period of delinquency; (3) Letters of recommendation from at least two clients for whom you have provided cosmetology services; and (4) Any other documentation that would assure the Board that you have maintained and updated your skills as a beauty operator during the period of delinquency. Based on what you provide, the Board will determine whether your license will be restored or if you must reapply for licensure as a new applicant.

LAWS AND RULES

To obtain a copy of the Cosmetology laws, Chapter 439, Hawaii Revised Statutes and rules, Chapter 16-78, Hawaii Administrative Rules, send a written request to: Board of Barbering and Cosmetology, *COMMERCE & CONSUMER AFFAIRS, P.O. BOX 3469, Honolulu, Hawaii 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act, should be read in conjunction with the above statutes and rules.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "**Barbering and Cosmetology**". Then on "Statute/Rule Chapter".

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

NOTE: A LICENSED BEAUTY OPERATOR IS ABLE TO PRACTICE AT A LICENSED BARBER SHOP. AN APPROPRIATE BEAUTY OR BARBER SHOP LICENSE IS NECESSARY FOR A LOCATION WHERE BARBER/COSMETOLOGY PRACTICE OCCURS.

APPLICATION FOR EXAM & LICENSE - BEAUTY OPERATOR

Read "Requirements & Instructions" before completing this form.

Legal Name (First, Middle)	(Last)
OTHER NAMES USED (previous surnames, maiden name, nicknames and aliases)	
Residence Address (Include Apt. No., City, State, & Zip Code) - REQUIRED	
Mailing Address (ONLY if different from residence location):	
Social Security No.	Phone No. (Days) Res: Bus:

FOR BOARD USE ONLY	<input type="checkbox"/> High School	or	<input type="checkbox"/> 1 yr. experience				
	<input type="checkbox"/> Beauty training	or	<input type="checkbox"/> O.S. license				
	<input type="checkbox"/> BSC / BEP						
	Approved: <input type="checkbox"/>	Lic. No.: BEO -					
Effective Date:							
<table style="width:100%; border: none;"> <tr> <td style="width: 25%;">ALL</td> <td style="width: 25%;">HAIR</td> <td style="width: 25%;">ESTN</td> <td style="width: 25%;">NAIL</td> </tr> </table>				ALL	HAIR	ESTN	NAIL
ALL	HAIR	ESTN	NAIL				

BEAUTY OPERATOR LICENSURE CATEGORIES: Select the appropriate beauty operator category(ies):

<input type="checkbox"/> Cosmetologist (1800 beauty school or 3600 apprentice hrs)	<input type="checkbox"/> Hairdresser (1250 beauty school or 2500 apprentice hrs)	<input type="checkbox"/> Esthetician (600 beauty school or 1200 apprentice hrs)	<input type="checkbox"/> Nail Technician (350 beauty school or 700 apprentice hrs)
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BEAUTY TRAINING: Identify your beauty training and/or experience, as accurately as possible:

<input type="checkbox"/> Beauty School <input type="checkbox"/> Apprentice <input type="checkbox"/> Combination Training Total hours completed: _____	<p style="text-align: center;">OUT-OF-STATE TRAINING & EXPERIENCE</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Location of Training</td> <td style="width: 50%; text-align: center;">Length of Experience (Mo/Yr)</td> </tr> <tr> <td style="border-top: 1px solid black;">_____</td> <td style="border-top: 1px solid black;">From: _____ To: _____</td> </tr> </table>	Location of Training	Length of Experience (Mo/Yr)	_____	From: _____ To: _____
Location of Training	Length of Experience (Mo/Yr)				
_____	From: _____ To: _____				

Check your answers. **If response is "YES" to questions 5 to 7, refer to the instructions for additional documents that must be submitted with this application.**

1. Are you at least 16 years of age? Yes No
 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
If "NO", read the "Important Notice".
 3. Have you ever applied for a beauty exam and license, permit or apprentice registration in Hawaii before? Yes No
If "YES": When (month/year) did you apply? _____ For what category? _____
 4. Have you ever held an operator's or instructor's license in Hawaii? Yes No
If "YES": What was your license number? _____ For what category? _____
- NOTE: If you are re-applying for your license - do not complete this form. Contact our office for a Restoration application.
5. Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? Yes No
 6. Are there any disciplinary actions pending against you? Yes No
 7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

(CONTINUED ON PAGE 2 - SIGNATURE REQUIRED ON APPLICATION)

Beauty Operator:	Appl. 141. \$20	Lic. 146. \$22
	Permit. ... 152. \$40	CRF. 142. \$50/\$100
		1/2 (ren). 130. \$23
		Service Charge. BCF. \$25

Print Applicant Name: _____

Date: _____

• **Failure to provide all the requested information will delay the processing of your application.**

EDUCATION/TRAINING	Name of School or Shop	Location of School or Apprenticeship (city-state, country)	Dates Attended (mo/yr)		Highest Grade Completed or Hrs Completed	Course of Study	
			From	To			
	High School				<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
	Beauty School				hrs		
Apprenticeship				hrs			
COSMETOLOGY EMPLOYMENT HISTORY	Name of Employer	Address of Employer	Dates Employed (mo/yr)		Length of Service	Avg Hrs Per Week	Position Title
			From	To			
					yrs	mos	
					yrs	mos	
				yrs	mos		
COSMETOLOGY LICENSES	Name of State (submit copy of license)	Method of Licensure		Type of License Held		Date First Licensed	
		<input type="radio"/> State Exam	<input type="radio"/> Reciprocity				
		<input type="radio"/> State Exam	<input type="radio"/> Reciprocity				

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, and Section 439-19, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 439 and Hawaii Administrative Rules, Chapter 16-78.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date